Precise, Posture-Constant Spinograph Comparative Graphs

THE

B. J. PALMER

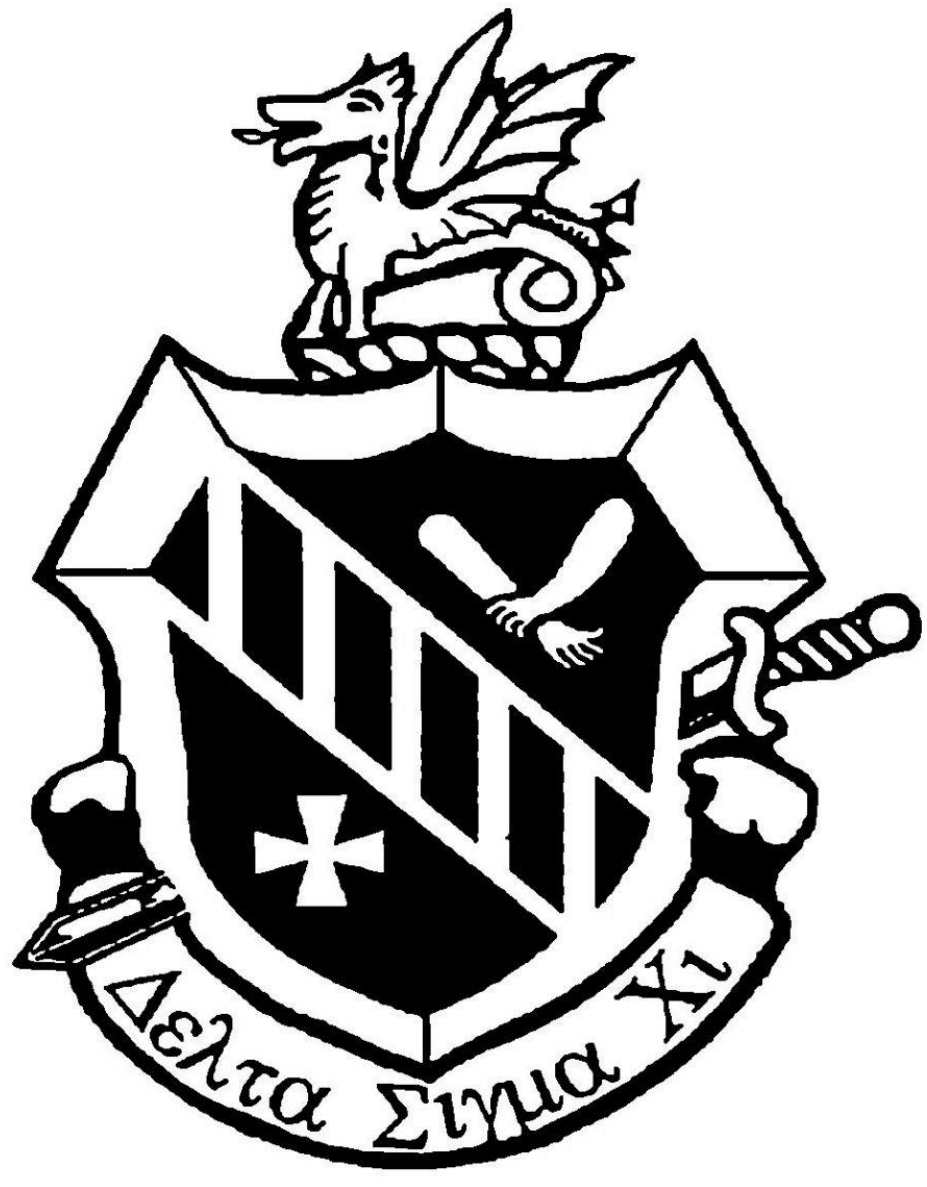
CHIROPRACTIC

CLINIC

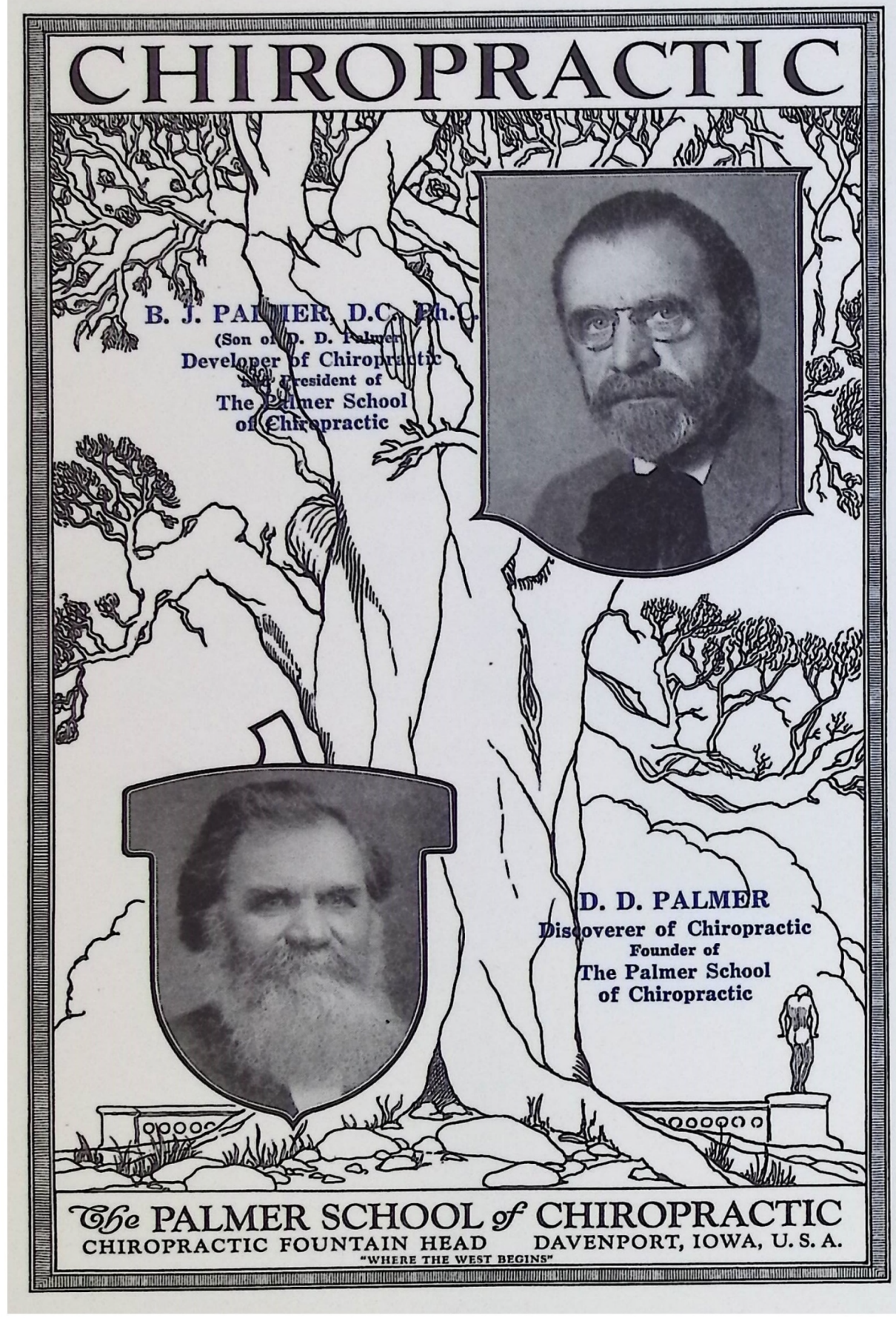
VOLUME XX

PALMER
1938

Archived and Distributed
By Delta Sigma Chi Fraternity of Chiropractic,
Continuing the promotion of STRAIGHT Chiropractic



Digitized by Scott Jackson, DC


CHIROPRACTIC
B. J. PALMER, D.C., Ph.C.
(Son of D. D. Palmer)
Developer of Chiropractic
and President of
The Palmer School
of Chiropractic
D. D. PALMER
Discoverer of Chiropractic
Founder of
The Palmer School
of Chiropractic
The PALMER SCHOOL of CHIROPRACTIC
CHIROPRACTIC FOUNTAIN HEAD DAVENPORT, IOWA, U. S. A.
"WHERE THE WEST BEGINS"

Precise, Posture-Constant, Spinograph, Comparative Graphs

An Exposition
of
Innate Natural Adaptation
following
HIO Adjustment
Proving measurement correction of vertebral subluxations, corrections of abnormal-normal adaptative curves, as well as curvatures

VOLUME XX

This book is a Product of The Palmer School of Chiropractic Press.
Spinographs exposed, developed, interpreted and graphed in The B. J. Palmer Chiropractic Clinic Laboratories.
Precise, posture-constant X-ray and graph equipment developed and made by and for The B. J. Palmer Chiropractic Clinic.
Cuts by Kable Bros., Mount Morris, Ill.

1938

PREFACE

ALL FULL-LENGTH single or stereo 8 x 36 spinographs have been reduced in this book. The Palmer School of Chiropractic commercial X-ray laboratories were the first to take single-exposure 8 x 36 spinographs. Other graphs are reduced in proportion. We suggest our readers, desiring further study see Chapter on 8 x 36 spinograph work in Vol. 18 (Palmer).

We repeat some case history, not that it matters, changes, or improves purpose of this book. Date case entered and left, analysis of vertebral subluxation, number of adjustments given, period of lapsed time, are listed, all of which proves HIO specific definitely works.

We offer no apologies for short stay here of many cases. They are "Consultation Service" cases which come, stay two weeks, and return to their local chiropractor. Obviously we are in no position to follow research as to what continues to change in relative positions of their vertebral columns.

One hundred cases are portrayed. To multiply this would be to endlessly duplicate same objective. This number is sufficient to prove that corrective changes were not occasional, incidental nor accidental but was intention as a result of scientific study of facts revealed by the use of scientific methods and thus were scientifically corrected.

The posture constant used in X-ray work, method of graphing pre post X-ray changes, is new. Both methods developed and first applied in this Clinic.

The methods portrayed by this book are but some of many other scientific procedures used in The B. J. Palmer Chiropractic Clinic. Every other procedure is carried through to as perfect a conclusion as this.

One big objective, amongst others, attained in development of comparative graphs based on posture-constant, is that it made it possible TO MEASURE subluxation distance and adjustment correction of malposition of a vertebra before and after adjustment; to measure curvature or adaptative curves distances and value of adjustment correction in correction of same as result of one adjustment, one place, as compared to another; which direction of adjustment corrected, which did not, etc. It was a research method of proving theories of "moves" which has worried our profession for many years. It permitted us to research scientific proof of long mooted medical prejudice that "chiropractors cannot move vertebrae by hand only", etc.

"Chiropractic will remain a debatable subject, even to Chiropractors, until scientific standards and tests are applied to it. It may grow by advertising methods, it may record 'cures' by adjustment of subluxations, but it will remain a claim and a cult until it meets satisfactorily the sort of tests that intelligent men everywhere make to cause and effect questions."

(Page 94, "Personal Hygiene Applied", by Jesse Feiring Willimans, A.B., M.D., 2nd Edition, 1925.)

Case Numbers of Graphs Used in Volume 20

10	170	232	331
71	171	233	341
77	173	237	352
81	174	239	359
88	175	241	362
89	177	242	364
92	178	243	373
93	182	246	376
105	184	247	381
113	185	252	382
120	187	258	383
124	189	277	384
136	194	283	385
138	195	288	387
141	197	291	392
143	198	293	395
145	199	297	396
146	201	299	401
153	202	305	402
158	205	306	406
159	213	315	407
162	215	317	410
165	219	324	422
167	221	327	424
169	228	330	427

Case Histories and precise, posture-constant, spinograph comparative graphs illustrated constitute a small portion of the multitudinous scientific work conducted on these cases.

Case numbers are listed providing reference be made to further data on any case be required.

Names given objective or subjective symptoms or pathologies, contained in these histories, were those elicited from cases direct or taken verbatim from histories furnished us from other Clinics, upon entrance of case to this Clinic. They were not conclusions reached or based upon laboratory tests taken or made in The B. J. Palmer Chiropractic Clinic. We do not sponsor their correctness or incorrectness. This Clinic is not interested in effects. It is vitally concerned with ascertaining and correcting the cause of dis-ease regardless of name.

EXPLANATORY SAMPLE GRAPH CUT

Cut herewith has been made to show various major parts outlined in Subluxation-Adjustment X-ray Graphs in this book.

Red tracing indicates PRE graph, taken from X-rays made when case entered Clinic.

Blue tracing indicates POST graph, taken from X-rays made when case left Clinic.

Further explanation of how Graphs are made together with full detail of Posture Constant work can be found under articles in the body of this book.

LAYING A NEW FOUNDATION

THERE is no justification for "another book," school, magazine, religion, church, or clinic unless there is a necessary need. Today we have too many books, schools, magazines, religions, churches, and clinics, most of which duplicate each other, therefore fill no new need, have no excuse for existence. If a NEW book has something NEW which has not been said; if a school has a NEW principle or practice; if a church has a NEW creed; if a magazine has a NEW process of thought, or if a clinic has a NEW service to render, THEN they justify reason for coming into being. We here believe, in establishing, building, and creating THE B. J. PALMER CHIROPRACTIC CLINIC, we have A NEW SERVICE to render—a service no other clinic now renders—viz., the laying of a NEW fundamental of scientific knowledge re the cause and cure of dis-ease, rendered in a complete, scientific, exacting manner, securing results better in worse cases, in quicker time, at less cost, than exists.

Building this Clinic is not merely a desire of a few people to make a living; neither is it to develop a practice by dividing from or attracting that which others have by detracting it here. Building this Clinic is what our title implies—there's a deep understood purpose and plan supplying a need which is absent any other place.

There is no "business" so fraught with guess-work, errors, and innocent deceptions as that of treating sick with its rash promises of implied hopes of treating effects, cutting out pathologies, thinking such might get them well. The dangers are not those of malicious men but those of misdirected systems they blindly create and stumblingly follow. Medicine is what it is, not because its followers are insincere, suffering with delusions of grandeur, or because their motives are questionable, but because of the myths, mysteries, and moth-eaten methods centuries in breeding which so fasten themselves into routine that none dare deviate.

Beginning with asking patients for symptoms which patient alone feels, which patient tells doctor, who repeats back to patient what patient told doctor, charging the case a fee for exchanging lay-man expressions of feeling into a jargon of latin never-understood terms; with tapping and listening means and methods of observation of pathologies, hoping to be able on the outside of patient's body to know what is inside. Doctor then separates and sorts, correlates and divides, multiplies and mixes his hopes and beliefs, and out of the jack-in-the-box education comes a compiled name called a diagnosis. After diagnosis comes U. S. Pharmacopeia with its thousands of endorsed proper and ethical drug treatments, one or more of which will be sorted out from many; the deluge of drugs prescribed, any of which is an unknown quantity in any one person's body. Doctor follows name to book, book tells what he should prescribe. No symptoms or pathology, no name; no name, no book; no book, no treatment—diagnosis IS important to a medical man. Without it, nothing can follow, for there is its beginning. No wonder medicine is empirical, dogmatic, guess-work, a cut-and-try, by-guess-and-by-God prayer to the God Jupiter that something works in devious and peculiar ways. If patient dies, it was "the grace of God"; if he gets well, doctor takes credit.

The battle of searching for "cause of disease" has gone on for centuries and still goes relentlessly on. Effects alone are observed. One effect becomes "cause" of other effects. Effects trail effects, no primary cause ever being found. Microscope is developed. It finds microscopic life. All else previously failing, this opens new studies. "Germs cause disease" is a new battle cry. They seek the enemy in his tissue lairs. They find one, they tag him, they announce his arrival. They build a chemical gun to kill him. Killing the germ, the patient dies cured. They make another old repudiation and another new announcement; this in time and place is denied. And so the scale runs up and down, year after year. Chemistry opens new fields. It finds new secretions, locates its organ. Out comes diet with vitamins, hormones, calories, etc. Then come dotes, antidotes; vaccines and anti-vaccines. Disease becomes animal, vegetable and/or chemical. Everlastingly seeking, trailing, finding and denying. All because something outside is said to disagree with something inside. Many causes, many diseases; many studies, many treatments—complexities pile up on itself until it is centuries top-heavy;

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken..... Case No.....
and.....

Major:
Adjs. given:
(Dates)

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

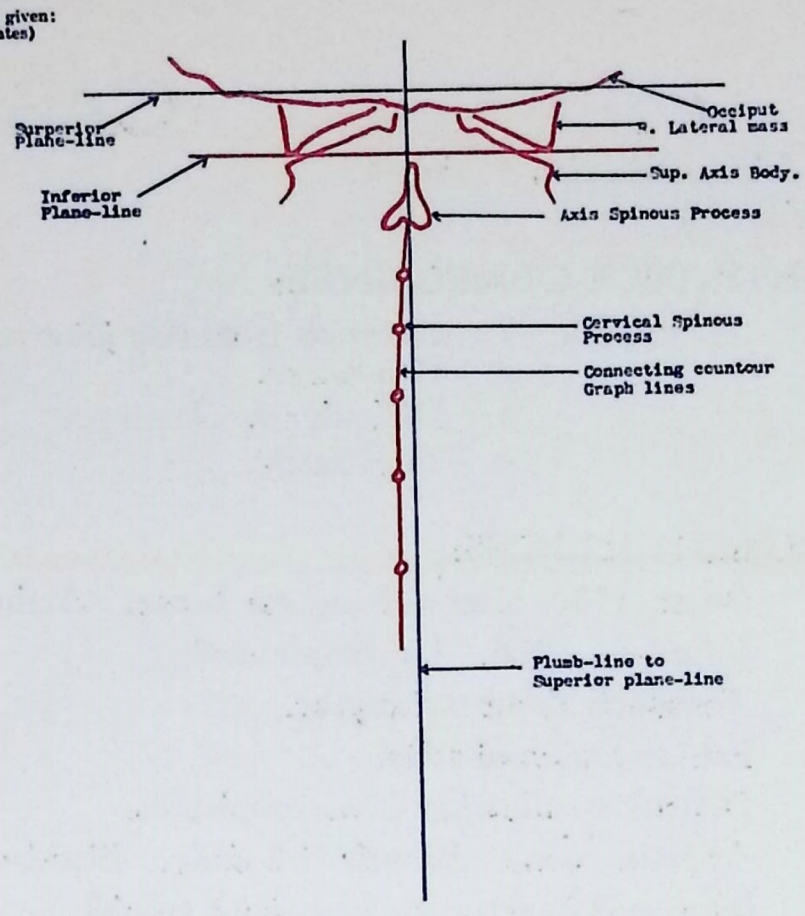
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between A-P Nat. spinographs taken..... Case No. ....
and.....

Red, entering date
Blue, leaving date

Major:
Adjs. given:
(Dates)



(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

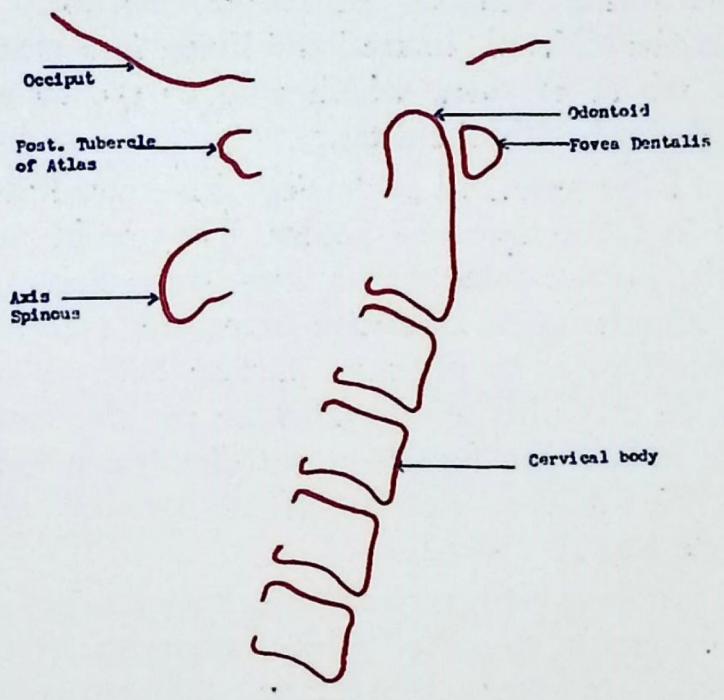
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken..... Case No. ....
and.....

Red, entering date
Blue, leaving date

Major:
Adjs. given:
(Dates)



(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

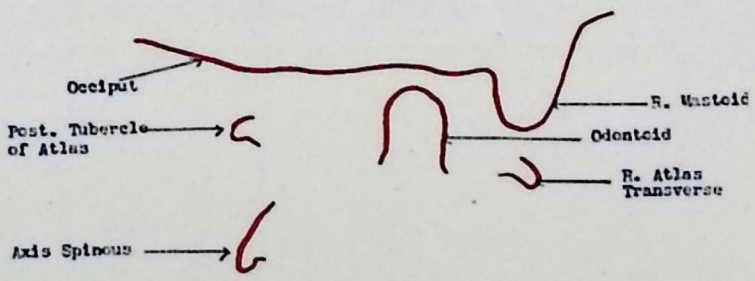
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken..... Case No. ....
and.....

Red, entering date
Blue, leaving date

Major:
Adjs. given:
(Dates)



CASE No. 10

Male Married Age 47
8/17/36

ENTRANCE COMPLAINTS:

1. Arthritis from one joint to another. Muscular tenderness.
2. Headaches.
3. Difficulty swallowing.
4. Tires easily.

PRESENT ILLNESS:

Began 1930, after driving car home. Arthritis. No temperature.
Influenza, 1926. Uncomplicated.
Tonsillitis about twice year.
Pain in region of atlas.
Difficult swallowing down esophagus.
Appetite, good. Bowels, 1-3 daily. Bladder, negative. Sleep, fair.
Interested in recovery from joint trouble.

Date case entered Clinic: 8/17/36
Date case left Clinic: 8/27/36
Interval, time lapse — 10 days
Analysis: Atlas ASR — No rotation
Adjustments: 1
Dates: 8/19/36

---

overburdening schools, professors, libraries, practitioners; bewildered, amazed and living in a maze, none know where to turn, which way to go, to win the struggle for healthful existence.

In a large sense, all professions have steadfastly persisted in following same guides. They make same approach, pursue same paths, mix same names, apply same stimulative or inhibitive treatment methods, with modifications as to neck-tie, parting hair, or color of shoes, all of which brings sick man out the same small end of human life funnel—cases die; and when physicians are ready to shuffle off, all wonder what the struggle was all about.

All our lives we have been researching to get sickness out of mystery, to make health a simple study, to build all avenues of approach practical; eliminate guess-work and secure positive knowledge. This Clinic does NOT diagnose any case. We ascribe no name to complexed group of symptoms; neither do we go on "a fishing expedition" on the outside to direct us to think about what we hope is inside, that we might correlate or separate them into accepted names to go to a book, to apply treatments of effects that follow that name. With cause inside, cure inside; with cause practical and cure equally so; with a known specific cause for all dis-ease and a like specific for adjustment; where the subluxation was, how, when; when, how, why and where to adjust are all within reach of every man if willing to think, study, apply mental faculties in solving age-old riddles of human beings. It required as a foundation elimination of all variables and establishment of constants. As these have been done, man is an open book in sickness and health, life and death.

The work of this Clinic has progressed so that were a case to enter who uttered no word or sign, wrote no information; said or revealed nothing to us of that which was wrong with him, we could proceed along definite, positive, scientific lines, find information necessary to accurately and efficiently locate cause of his illness, whatever or wherever it was, adjust it, observe and study his recovery, ascertain facts as to his progress, and send him home well. Proceeding along these lines, we need no symptoms or pathologies, neither would we make a diagnosis, which proves that the mysterious and unknown are not necessary to get sick people well. Precision X-rays would be secured without information from case; NCM-NCG readings would be secured without verbal co-operation; adjustments would be correctly given without case revealing anything to us; restoration of mental impulse supply would occur within him whether he wishes it mentally or not; daily NCM-NCG post-checks would be taken without a spoken word; precision X-ray comparative graphs would be taken and silence still prevail. To all this, without verbal communication between patient and doctor, the electroencephaloneuromentimpograph will establish a constant and variables graph wave pattern of before adjustment and after, and prove the restoration of brain to body nerve-energy flow graph wave patterns. Truly, science is climbing to its superior ob-

(Sheet 7)

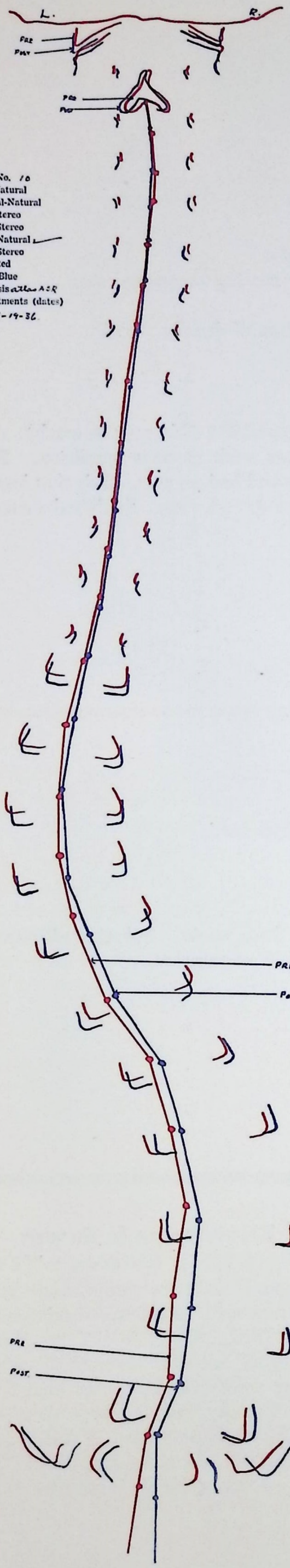
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-17-36 Case No. 10
and 8-27-36

Major: atlas ASR
Adjs. given:
(Dates)
8-19-36



Case No. 10
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-19-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

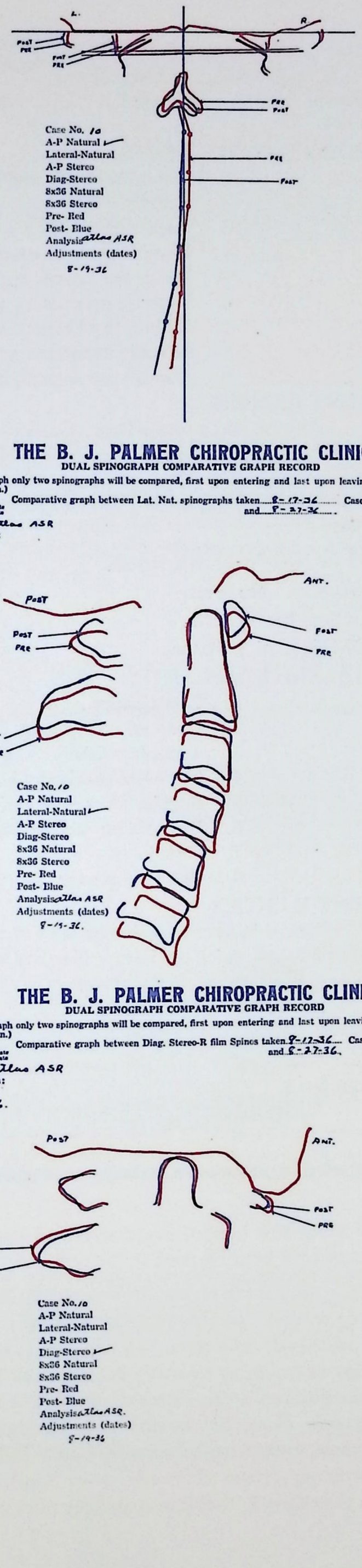
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-17-36 Case No. 10
and 8-27-36

Major: atlas ASR
Adjs. given:
(Dates)
8-19-36



Case No. 10
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-19-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

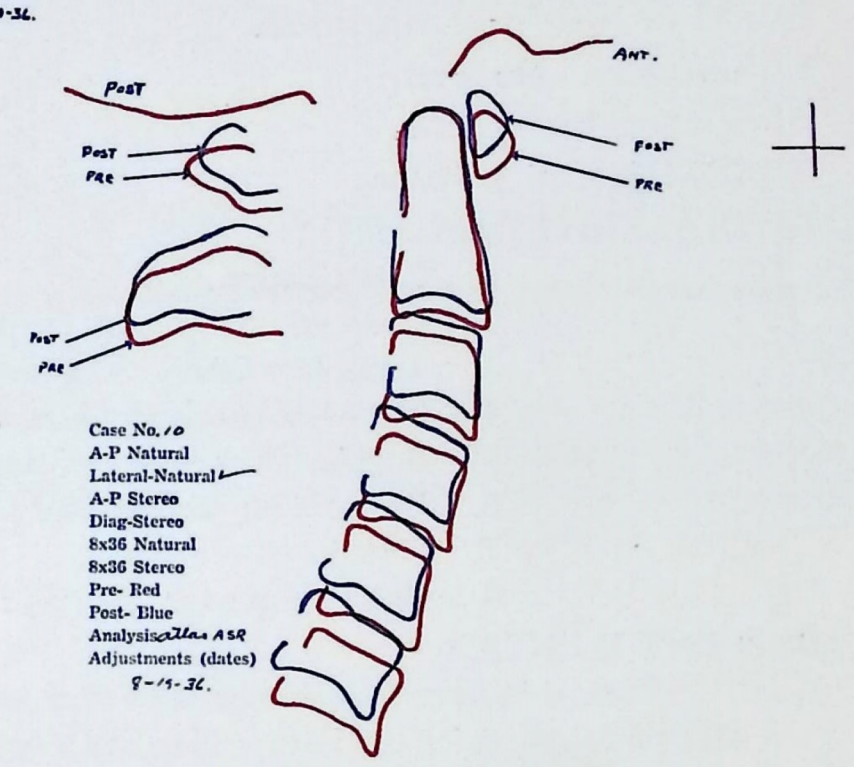
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-17-36 Case No. 10
and 8-27-36

Major: atlas ASR
Adjs. given:
(Dates)
8-19-36.



Case No. 10
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-19-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spines taken 8-17-36 Case No. 10
and 8-27-36.

Major: atlas ASR
Adjs. given:
(Dates)
8-19-36.

Case No. 10
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR.
Adjustments (dates)
8-19-36

Case No. 10
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR.
Adjustments (dates)
8-19-36

CASE No. 71

Female Married Age 48

12/31/35

ENTRANCE COMPLAINTS:

1. Gas on stomach and bowels.
2. Constipation.
3. Rapid heart action — associated with (1).
4. Doesn't perspire except feet and under arm pits.
5. Distention across upper abdomen. Like lump moving across abdomen.
6. Pressure on rectum, and pain over sacrum.
7. Ribbon stool constantly. No sensation in rectum of desire to stool.
8. Burning in rectum and vagina, off and on.
9. Doesn't get normal desire to void.

PRESENT ILLNESS:

Always had constipation. Gaseous distention began in August 1935 (No sour stomach). Associated with rapid heart action. Spot on left shoulder disturbs sometimes with gaseous condition. Belching of gas relieves. Sometimes as enema relieves. Developed suddenly and had no pain. Felt that breathing was limited. Patient disturbed more in morning and feels better as the day goes on. Easily exhausted since last August.

Lost 15 lbs. weight in past month.

No headaches. No fever.

Always been hearty eater.

READMISSION 3/10/36:

ENTRANCE COMPLAINTS:

1. Constipation.
2. Irritated uterus with feeling of prolapsis.
3. Trouble voiding. Can't start urine readily.
4. Gas — stomach and bowels.
5. Burning in rectum and vagina off and on.
6. Pressure on rectum, and pain over sacrum has increased.
7. Perspires more freely.
8. Can't sleep over four hours each night.

PRESENT ILLNESS:

Patient has been on orange juice diet and egg yolks for past three weeks. Substituted grapefruit juice and pineapple juice at times. Has had concentrated Vitamin "C" preparation.

Date case entered Clinic: 12/31/35

Date case left Clinic: 4/22/36

Interval, time lapse — 111 days

Analysis: Atlas ASR — Right transverse posterior

Adjustments, 5

Dates: 1/2/36; 1/8/36; 3/11/36; 3/25/36; 4/17/36

---

jectives when this kind of foundation and stage of development have been reached.

That is the nature of our life's research. Because it was far-reaching, far ahead of the masses, it has not been understood, even often by many supposedly close who were in reality as far away as continents. Miles do not make distance, neither does elimination of distances make people close; but mental understanding makes people close, even though across the ocean. Where misunderstanding exists, they are never together even though they sleep in the same room year after year.

Knowledge Is Power

IN 1895, D. D. Palmer laid down a NEW principle that cause and cure were within, cause being a vertebral subluxation with sequential conditions. WHICH vertebra, WHEN, HOW, WHY to adjust? Which vertebra to NOT adjust? When NOT, why NOT to adjust? These were questions unanswered which time would solve. Twenty-four vertebrae ahead of us. Only ONE should be adjusted! Having laid that principle, an efficient practice was to be established. "Practicing" up and down entire column, in all that word implies, began.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

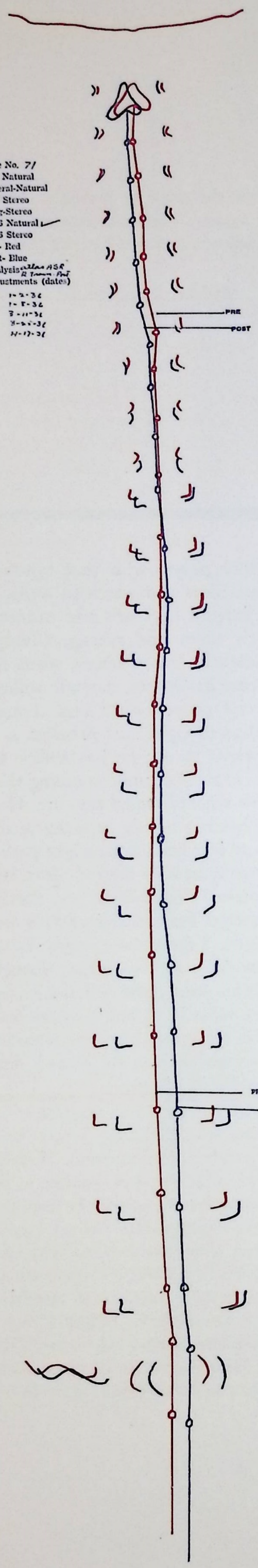
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

End, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 12-31-35 Case No. 71
and H-22-36

Major: Atlas ASR-R TRANS POST

Adjs. given:
(Dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36.



Case No. 71
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

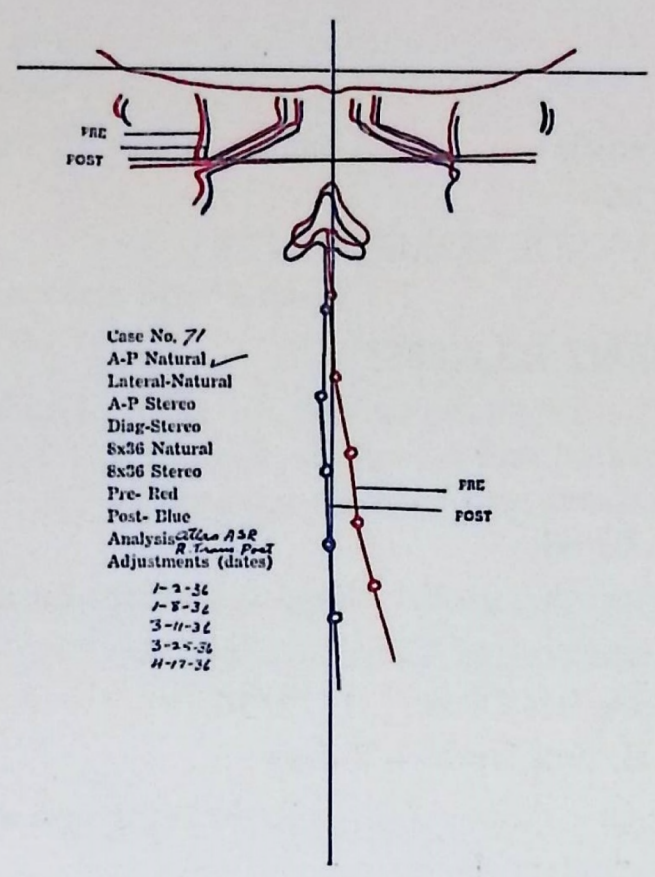
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 12-31-35 Case No. 71
and H-22-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36



Case No. 71
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

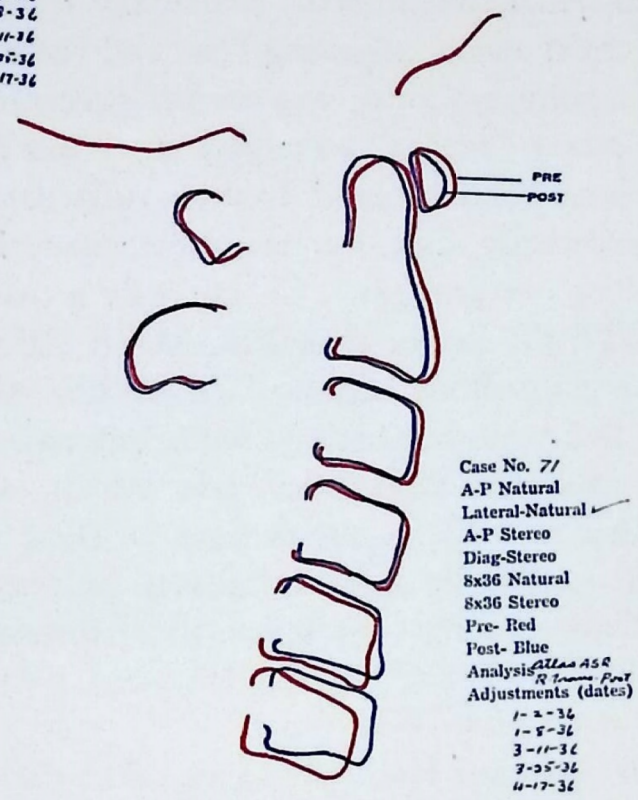
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 12-31-35 Case No. 71
and H-22-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36



Case No. 71
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

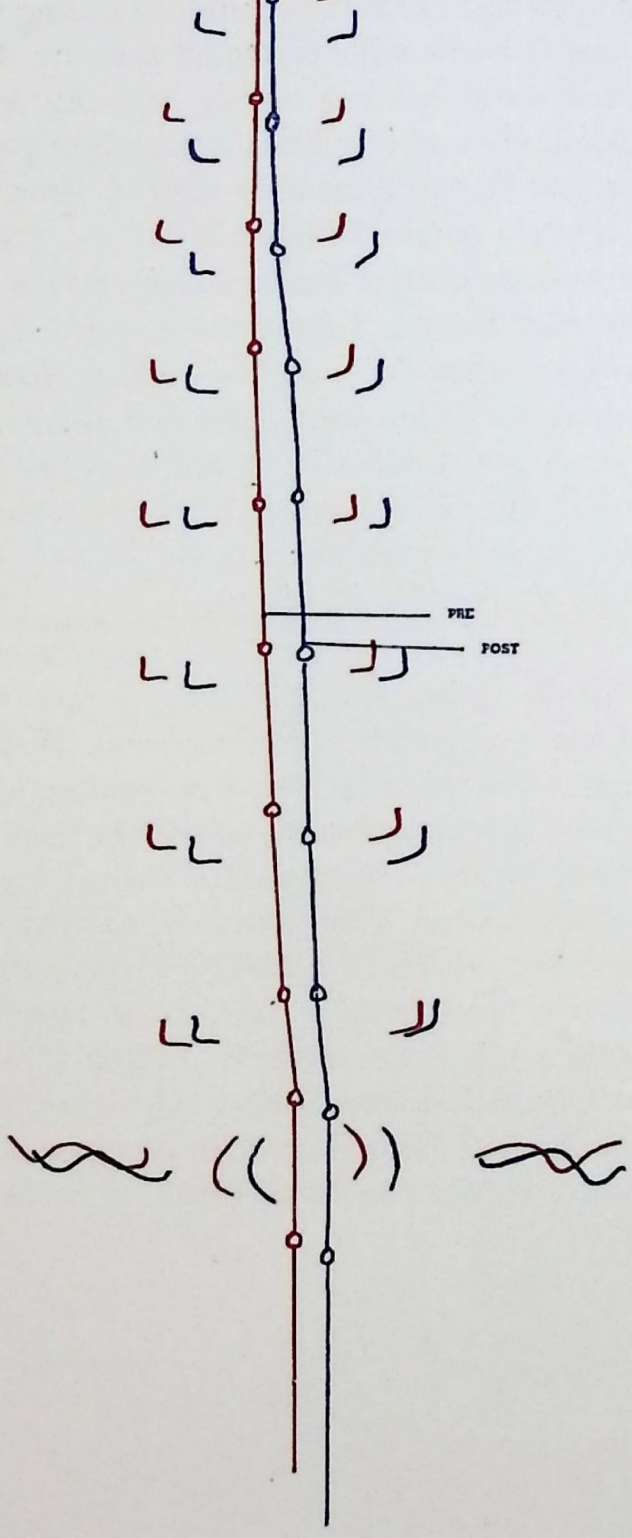
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

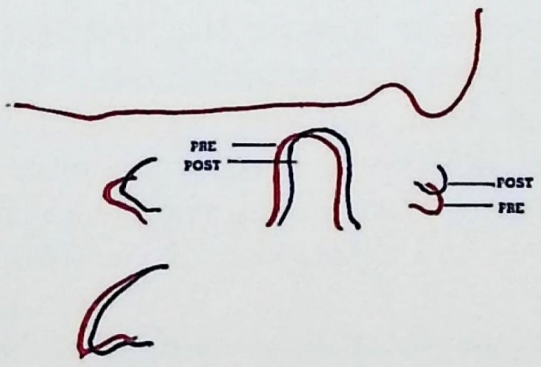
End, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 12-31-35 Case No. 71
and H-22-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36





Case No. 71
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
1-2-36
1-8-36
3-11-36
3-25-36
H-17-36

CASE No. 77

Female Single Age 19

1/14/36

ENTRANCE COMPLAINTS:

1. Neck — stiff and catches on turning.

PRESENT ILLNESS:

Began September 30, 1935. Gradual onset. Remains about the same at present. Neck cracks on motion and is painful. Few days, 1-3 free, and then disturbed again. Had adjustments at home from parents, and has been adjusted by Dr. ————. Relieved by adjustments but has not been permanently relieved.

Appetite, good. Sleep, well except for neck. Bowels, 1-2 daily. Bladder, no nocturia.

Date case entered Clinic: 1/14/36

Date case left Clinic: 1/22/36

Interval, time lapse — 8 days

Analysis: Atlas ASR — Right transverse anterior

Adjustments: 1

Dates: 1/15/36

The entire spinal column was "practicing" territory. Every day, entire spine, adjusting here and there, one or more, any place any time, was correct procedure in those years. Many "moves" were played up and down this all back-bone checker-board. In those early days too much was incorrectly done, too many inefficient places, too often, when not necessary. Occasionally a case got well IN SPITE OF rather than BECAUSE OF what we did. They got well not because WE KNEW which, when, how, and why, but because we occasionally and accidentally stumbled across the right which, when, how and why, and happened to stop at right time. Many a case voluntarily stopped of their own accord, after FIRST adjustment, went home, never returned—and got well. THEY did, without knowing, what we should have done. KNOWING.

Today, 40 odd years later, we adjust ONE place, an average of 23.9 days between, in each case. The difference between 24 vertebrae and one, every day and 23.9 days between, is KNOWLEDGE gained by the exclusive process of deduction for facts, recognizing them scientifically, researching until compiled into a series of efficient procedures. Building constants and eliminating variables reveals what we NEED know about presence or absence of a vertebral subluxation; when and when not pressures exist, where and where not to find them, and why we should or should not adjust this direction or that, at this place or that. One of the important fact-finding systems consists in step-up of constants and elimination of variables, with NCM and X-ray work. Formerly, WITH variables, we did more, at more places, than we do now, because we interpreted variables as constants.

Imagine a typewriter, sheet of blank paper, on one side; man with desire to write a legible and intelligent article on that paper, with that typewriter. Imagine man who has ideas and wants to write, doesn't know where the lettered keys are and cannot mentally see them. That's where the average Chiropractor either was or is, unless he knows where, when, how, and why. The typewriter has letters, they are willing to be struck and to record proper word and thought sequences. Man has ideas thought out; program is established of where he wants to go; he has ability to write paragraphs and chapters of understanding thought—but he doesn't know where lettered keys are. Not knowing, he pecks away heterogenously on many or all of them. Occasionally and accidentally he might peck out one word or two out of a mass of desired ideas, which might be correctly spelled. Probabilities are, though, not knowing where correct keys are, his pecking would consist of jumbled letters. Typewriter is right; keys are right. He knows what he wants to write; thoughts are right; words are in his mind right. What is wrong, when sheet comes out a mass of jumbled letters which none can read? He can't connect his good intentions with good deeds well done because he doesn't know WHICH KEYS to use his hands on.

Chiropractic was in that position a few years ago. The backbone had 26 letters of the human alphabet. They were ready to be adjusted. If proper work was done at proper place, proper spacing, in proper manner, books revealing health would be produced in human form. But the Chiropractor did not have knowledge of which, where, when and how or why to adjust proper vertebra. NOT KNOWING where to adjust or when, why or how, pecking away at 26 vertebrae more or less as he must, occasionally he MIGHT tick off an adjustment which would be correctly done. The probabilities, though, not knowing where or when vertebral subluxation was, pecking away would stumble out a jumble of

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

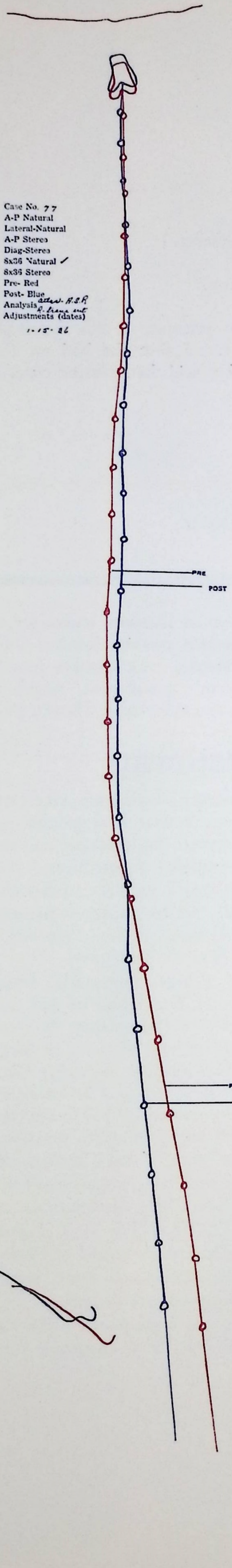
End. in Red, Beg. and ends in Blue. ATLAS ASR-R TRANS ANT

Comparative graph between 8x36 film spinographs taken 1-14-36 Case No. 77
and 1-22-36

Major:

Adjs. given (Dates)

1-15-36



Case No. 77
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R trans ant
Adjustments (dates)
1-15-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

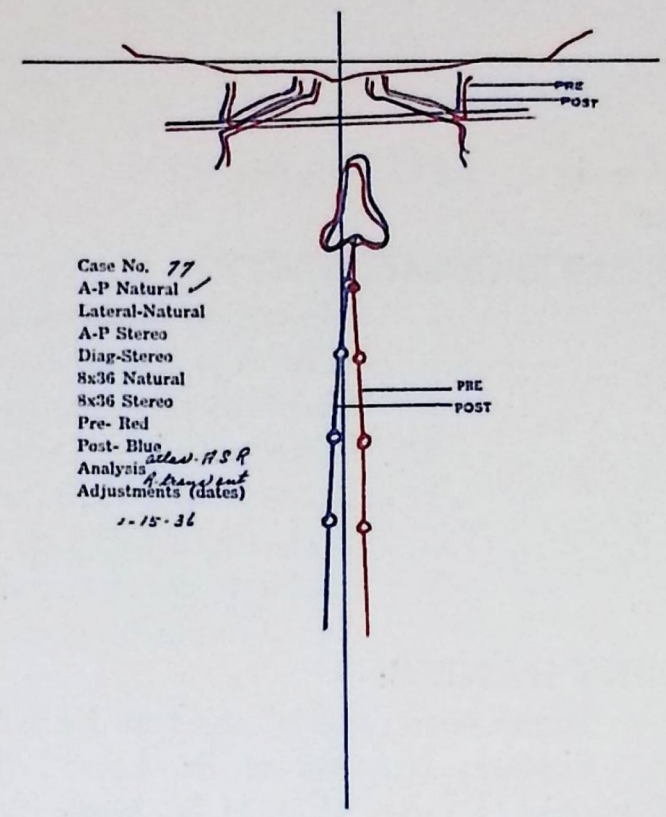
End. entering date Blue. leaving date

Comparative graph between A-P Nat. spinographs taken 1-14-36 Case No. 77
and 1-22-36

Major: ATLAS ASR-R TRANS ANT

Adjs. given: (Dates)

1-15-36



Case No. 77
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R trans ant
Adjustments (dates)
1-15-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

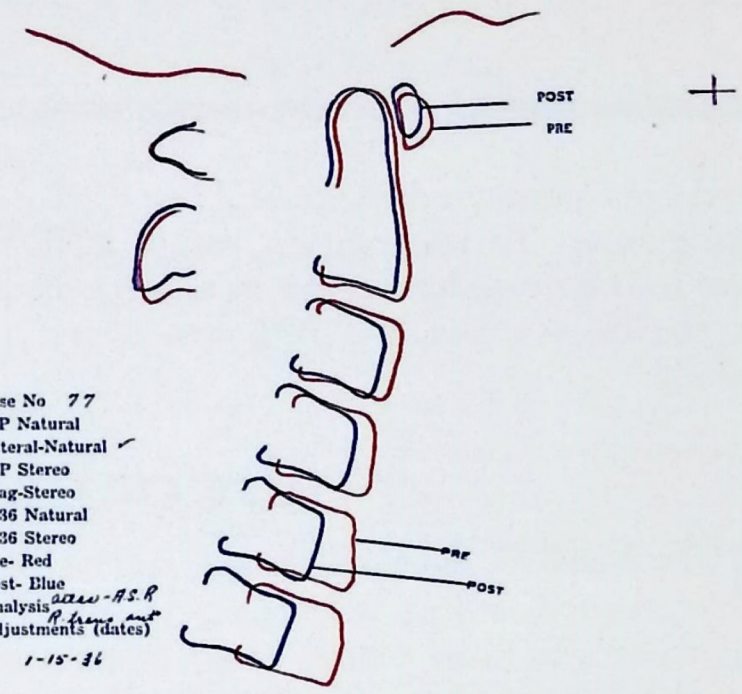
End. entering date Blue. leaving date

Comparative graph between Lat. Nat. spinographs taken 1-14-36 Case No. 77
and 1-22-36

Major: ATLAS ASR-R TRANS ANT

Adjs. given: (Dates)

1-15-36



Case No 77
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R trans ant
Adjustments (dates)
1-15-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

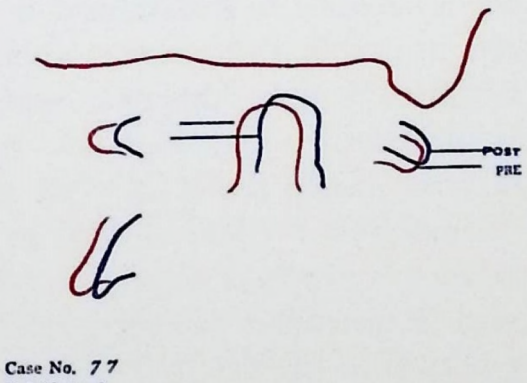
End. entering date Blue. leaving date

Comparative graph between Diag. Stereo-R film taken 1-14-36 Case No. 77
and 1-22-36

Major: ATLAS ASR-R TRANS ANT

Adjs. given: (Dates)

1-15-36



Case No. 77
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R trans ant
Adjustments (dates)
1-15-36

CASE No. 81

Female Single Age 26

2/3/36

ENTRANCE COMPLAINTS:

1. Pain region of sacral base or lower lumbar.
2. Stiffness of spine between shoulders and below.
3. Unable to raise arms above head.
4. Flabby muscles. Loss of strength.
5. Extensor muscles in arms and thighs affected.
6. Headaches off and on for two or three months (severe)
7. Unable to stoop and sits down with a fall.

(Condition getting worse from year to year)

PRESENT ILLNESS:

Began with gradual onset at 14 years of age. Noticed first symptoms in difficulty of getting upstairs. Shriners Hospital at St. Louis. Examined patient and stated that she had an (acute muscular dystrophy?). An M.D. of St. Louis did not make a diagnosis, but said there was no cure. No treatment has been given since.

Date case entered Clinic: 2/3/36
Date case left Clinic: 4/25/36
Interval, time lapse — 82 days
Analysis: Atlas ASR — Right transverse anterior
Adjustments: 8
Dates: 2/3/36; 2/10/36; 2/17/36; 2/24/36; 3/6/36; 3/16/36; 4/10/36; 4/20/36

back-bone punches, doing little if any good and possibly doing harm. To research and secure KNOWLEDGE was to restore understanding to Chiropractor; to make it possible for him TO SEE letters and play them wisely.

Elimination of variables makes for establishment of constants, which creates clear-line thinking, which is accurate thinking, which makes for efficiency, which creates accurate adjustment, which is Chiropractic knowledge, and knowledge is health efficiently restored.

Preaching And Practicing

THE MINOR issue (it should not be necessary to mention it, and we wouldn't if it weren't that there are those who make a major of it) is: there are "chiropractors" who dilute the Chiropractic principle and practice by doing less than being a Chiropractor or by attempting to do more by being more, and explain what they are not doing or why they do it by saying: "It is easy for PSC Faculty professors to teach, telling students or practitioners what we should do when practicing on cases in the field, but if YOU were in practice on cases and met problems we do, you would find that Chiropractic in theory in instruction is one thing, and Chiropractic in practice on cases is another; that much you teach which listens idealistic won't work when applying it. If Faculty men had field experience with sick people, you would teach us to do differently than you do in school now." (The average student overlooks and continues to overlook that our school clinics, in numbers and in character of cases, are far in excess of any 500 practices in the field).

Two times two makes four as a mathematical problem, regardless of whether taught as a principle from school platforms or practiced in bookkeeping, running businesses. When another tries to make 2 x 2 equal six, by violating the mathematical principle, then any excuse for why he violates is an alibi. The same is true of any Chiropractor who cannot make a true Chiropractic principle into a true Chiropractic practice—it's an alibi. He outrages the principle and then outrages an excuse for outraging the practice.

Is it true that a teacher can become so warped in teaching and, like the preacher, preaches but does not practice what he preaches? There was one way to find out. For us to go into practice!

The B. J. Palmer Chiropractic Clinic is the result. Here we builded a Clinic to test teachings of The Palmer School of Chiropractic. In this Clinic we particularly ask for and receive "problem" cases—those everybody has failed on, including Chiropractors. We builded The B. J. Palmer Chiropractic Clinic to practice principles we taught in The Palmer School of Chiropractic. Having gotten into practice, we carried on development work of the Chiropractic principle and practice beyond where it was taught in The PSC. We then took these Clinic developments and taught them in The PSC. Thus, The B. J. Palmer Chiropractic Clinic and The Palmer School of Chiropractic are two hands on the Chiropractic body, working jointly, cooperatively helping each the other.

No longer can a graduate of The Palmer School of Chiropractic say: "It is impossible for us to practice

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

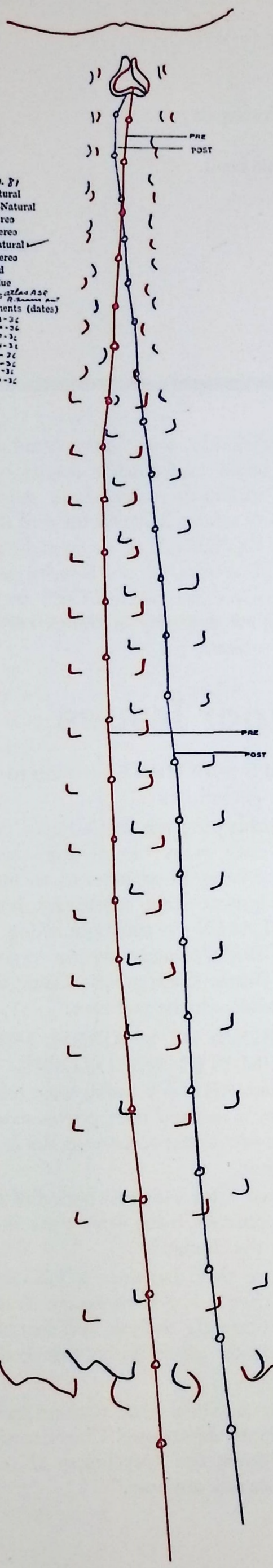
Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 2-3-36 Case No. 81
and M-25-36

Major: ATLAS ASR-R TRANS ANT

Adjs. given: (Dates)

2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36



Case No. 81
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans ant.
Adjustments (dates)
2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

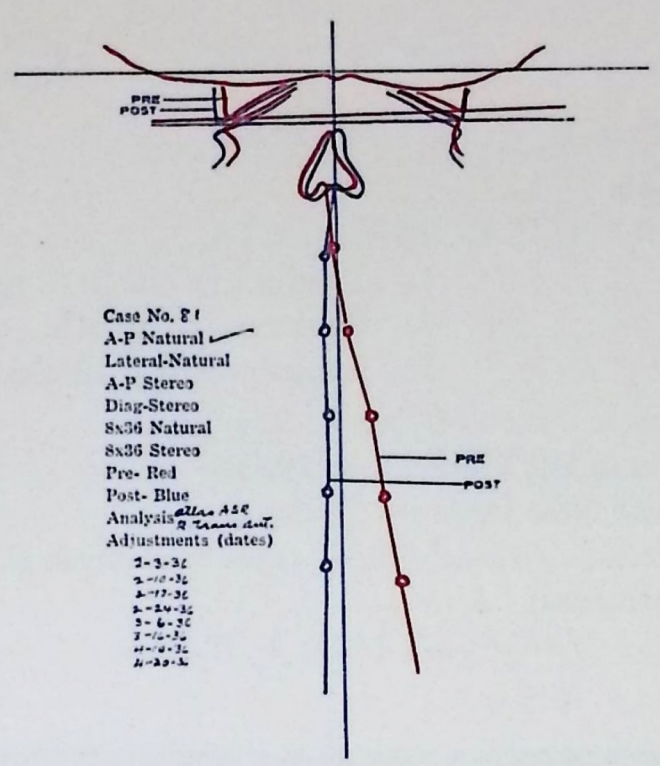
Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 2-3-36 Case No. 81
and M-25-36

Major: ATLAS ASR-R TRANS ANT

Adjs. given: (Dates)

2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36



Case No. 81
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans ant.
Adjustments (dates)
2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

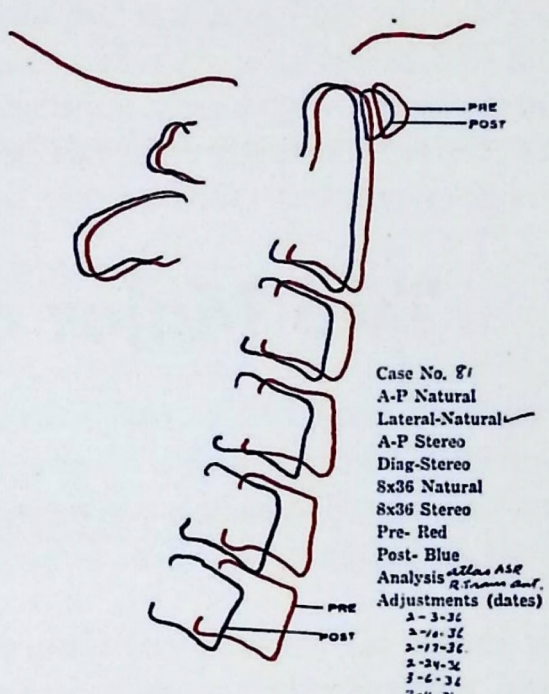
Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 2-3-36 Case No. 81
and M-25-36

Major: ATLAS ASR-R TRANS ANT

Adjs. given: (Dates)

2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36



Case No. 81
A-P Natural
Lateral-Natural ✓
A-P Stereo
Ding-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans ant.
Adjustments (dates)
2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

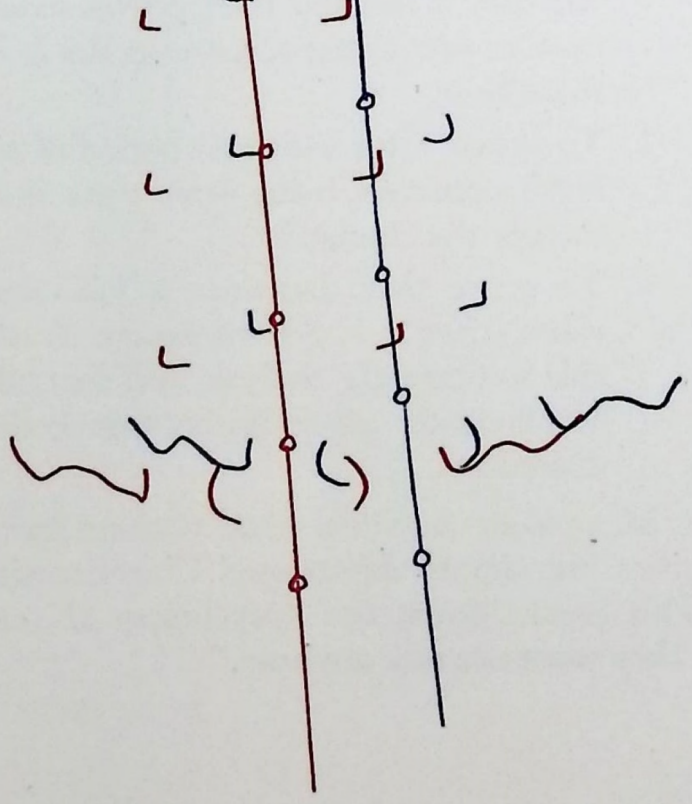
Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 2-3-36 Case No. 81
and M-25-36

Major: ATLAS ASR-R TRANS ANT

Adjs. given: (Dates)

2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36



Case No. 81
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans ant
Adjustments (dates)
2-3-36
2-10-36
2-17-36
2-24-36
3-6-36
3-16-36
M-10-36
M-30-36

CASE No. 88

Female Married Age 44

3/3/36

ENTRANCE COMPLAINTS:

1. Productive cough at night, especially, and also during day
2. Shortness of breath.
3. Muco-purulent discharge from head. Pain above head.

Date case entered Clinic: 3/4/36
Date case left Clinic: 4/29/36
Interval, time lapse — 56 days
Analysis: Atlas ASR — right transverse posterior
Adjustments: 3
Dates: 3/4/36; 3/14/36; 3/25/36

what you taught. You taught us Chiropractic WAS a complete all-inclusive and all-exclusive subject. We do not find it so. We find it necessary to add things," etc.

In The B. J. Palmer Chiropractic Clinic, we confine our work to principles and practices we teach in The Palmer School of Chiropractic. We here receive more cases and worse cases; we give only adjustment at one or two places; we secure longer intervals between adjustments, and get worse cases well quicker than do our graduates. Efficiently, with adjustments done right, we here secure better and quicker results on worse cases than much inefficient work done many places frequently. If any other Chiropractor will do EXACTLY what we do, EXACTLY as we do it, he can also attain same EXACT results we do. Results we attain attest that the principle we teach DOES secure results in practice without necessity of things our graduates tell us they feel necessity for.

Two Major and One Minor Issues

AFTER you have once SEEN this Clinic, there is little anyone can add except that no new institution can long exist or succeed without certain new fundamental purposes and objectives. These I can give, for I know them best:

Two major issues: (a) medical; (b) Chiropractic.

(a) Medical contention is:

1. "Patients who go to Chiropractor are 'psychological,' " or
2. "There is nothing the matter with them."
3. "Nothing a Chiropractor would do would help a major pathology."
4. "If patient gets well under hands of Chiropractor, it is A MATTER OF OPINION that he is or is not well."
5. "Patient EXPRESSES AN OPINION that he is or is not well."
6. "Chiropractor BELIEVES patient was sick and is now well."
7. "If patient gets well, it is 'psychological.' "

Medical men complain because "Chiropractors are NOT scientific." In The B. J. Palmer Chiropractic Clinic, we go "scientific" with a vengeance.

Having proved that we ARE using their own devices AGAINST THEM, they whine because WE DO.

(b) The usual and average Chiropractor contends he must do MANY things, using many "moves," covering a LONG period of time, in MANY places, to STIMULATE or INHIBIT function to alleviate, ameliorate, make patient better.

Following this program, he "adjusts" many places in many ways with many moves, from head to hips to heel, spending from 15 minutes to an hour every day, plus many adjuncts, many modalities, hoping he might ACCIDENTALLY do the right thing in right way, and an ACCIDENT might happen to get patient well.

The B. J. Palmer Chiropractic Clinic was established to produce whatever the facts are:

1. TO PROVE BY MEDICAL MECHANICAL AUTOMATIC RECORDING METHODS that cases ARE sick, using same tests, same proof whereby a medical man proves existence of sickness, to prove that sickness exists in cases entering this Clinic.
2. To prove, after a certain period of time, a change HAS occurred, using same tests and same proofs to note the change.
3. To prove that diagnosis is fallacious and of no value; that it is not necessary to diagnose to be able to correctly analyze, and that adjustment can be efficiently given without preceding it with a diagnosis.

Meanwhile, between tests, nothing has been used or given but simple abbreviated Chiropractic adjustment. This breaks down the "psychological" argument that "they were not sick anyhow."

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

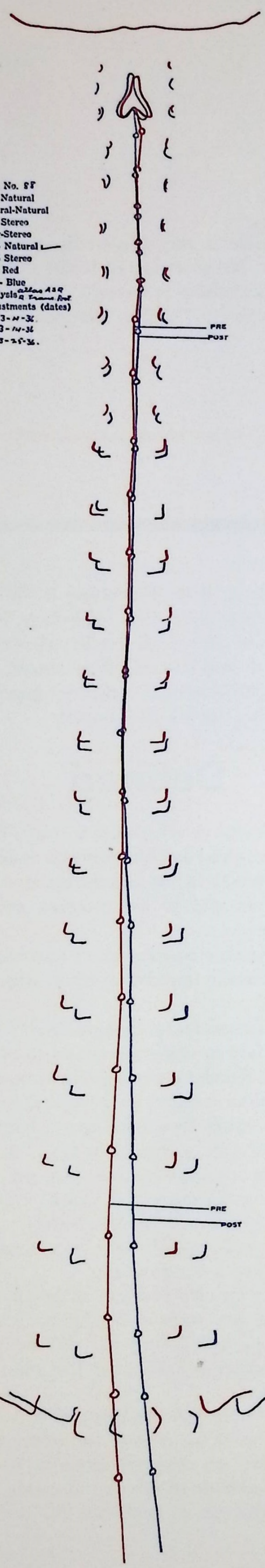
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st date
Blue, 2nd date

Comparative graph between 8x36 film spinographs taken 3-4-36 Case No. 88
and 4-25-36

Major: ATLAS A-S-R TRANS POST

Adjs. given:
(Dates)
3-4-36
3-14-36
3-25-36



Case No. 88
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans Post
Adjustments (dates)
3-4-36
3-14-36
3-25-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

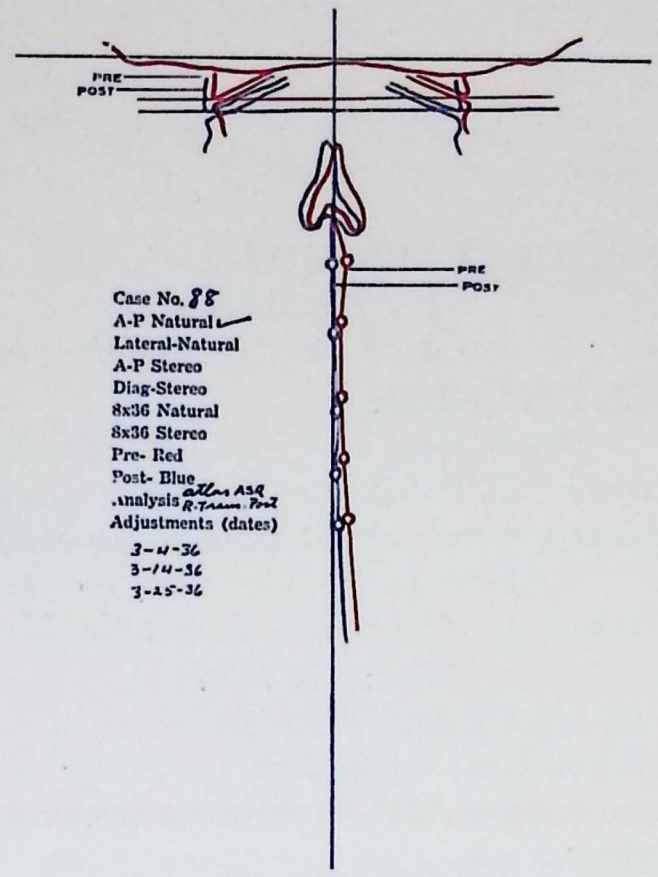
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 3-4-36 Case No. 88
and 4-25-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
3-4-36
3-14-36
3-25-36.



Case No. 88
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans Post
Adjustments (dates)
3-4-36
3-14-36
3-25-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

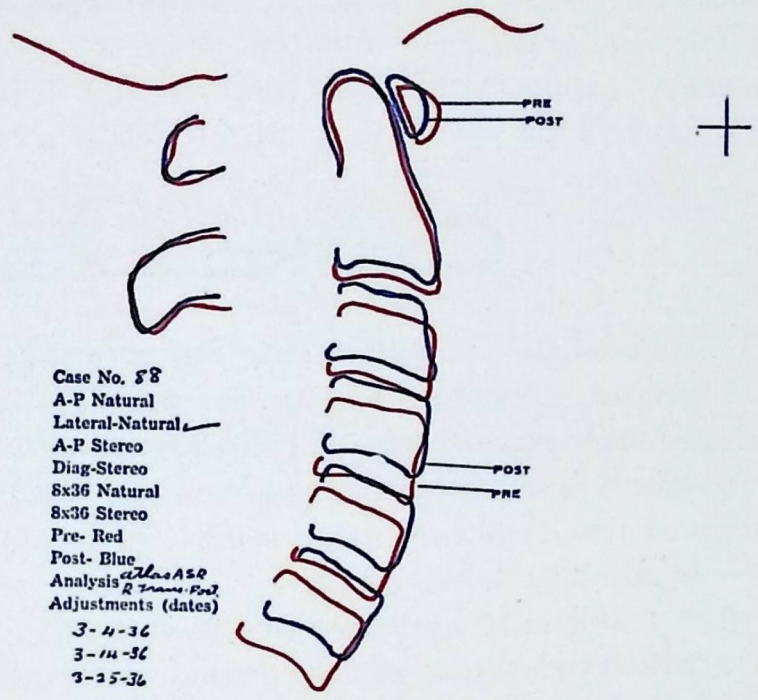
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 3-4-36 Case No. 88
and 4-25-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
3-4-36
3-14-36.
3-25-36.



Case No. 88
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans Post
Adjustments (dates)
3-4-36
3-14-36
3-25-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

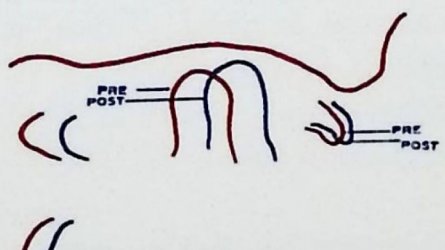
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 3-14-36 Case No. 88
and 4-25-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
3-4-36
3-14-36
3-25-36



Case No. 88
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans Post
Adjustments (dates)
3-4-36
3-14-36
3-25-36

CASE No. 89

Male Single Age 79
3/7/36

ENTRANCE COMPLAINTS:

1. Rapid pulse.
2. Queer warm feeling in both arms on overexertion.

PRESENT ILLNESS:

Began about one year ago, March, 1935, with queer feeling in arms and substernal tenseness or discomfort as though something was gripping organs of mediastinum. No shortness of breath. Heart beats too fast on exertion and causes discomfort of a general feeling that something is wrong.

Appetite good. Can't eat too much or pulse increases. Bowels — 1 daily. Bladder — Negative. Sleep is irregular in last six months (five hours sleep average).

Date case enter Clinic: 3/7/36
Date case left Clinic: 4/25/36
Interval time lapse — 49 days
Analysis: Atlas ASR — right transverse posterior
Adjustments: 1
Dates: 3/7/36

ON THE CHIROPRACTIC SIDE, the fundamental of this Clinic is to see HOW LITTLE we can do, at HOW FEW PLACES, HOW RARELY and HOW QUICKLY it can be done, to accomplish greatest change IN SHORTEST SPACE OF TIME, AT LEAST COST to case; and to know what to do and why we do it, BEFORE doing it. We seek, not treatment of effects, symptoms, pathology, but the specific for cause and the specific for its adjustment.

Disease, per se, and its medical treatment, has always been dogmatic and empirical, a theory, opinion, cut and try; little is known and much is hoped.

Constants And Variables—Defined

A CONSTANT is some condition possessing reality, method, principle, and/or practice, having a developed and known basis for existence,

—which is established, remains fixed, contains elements of law, duplicates itself under like conditions;

—which establishes a rule for conclusion and function, a principle and practice true to its terms;

—which pre-determines the mental, automatic or mechanical determination and foundation for consistent, accurate and efficient thought and action;

—which establishes fact in sequence of cause and effect, and thereby precludes differences of individuality of thoughts as essential in the equation;

—which fact exists inherent within itself, independent of men, applies itself universally to all alike;

—which does not require education per se as a fitness for each person to start all over again in application to problems of new generations.

Reader's Digest (July, 1937) in article "Uncle Sam's House of Wonders" (James W. Holden), we find this statement:

"For the chemists of the country's 1,700 research laboratories, the Bureau *looks into physical constants*—density, viscosity, melting and boiling points, atomic weight, and so on."

A VARIABLE is some condition founded on reality, principle, and/or practice, having a hidden and undeveloped basis for existence

—upon which observer, student, investigator, researcher, or scientist is compelled to vary, fluctuate, is not stable, wavers and wobbles without reason or logic, observation of which is not dependable or reliable;

—which forces man to use theories, opinions, personal judgment;

—to try to reach a conclusion, to ascertain a certain fact on an uncertain foundation upon which to judge and act;

—which by its necessary changeable differences cannot establish a fact in any sequence or as cause follows effect, but does thereby include differences of individuality of thoughts as essential in the equation;

—which fact exists dependent upon experienced men and applies itself only as they alone apply it;

—which does require education plus per se, as a fitness which inherently cannot transplant itself to newer generations on application to its problems.

Example: 2 x 2 equals four—not sometimes but always. Mathematics is a constant.

Two potatoes by two potatoes makes five potatoes; two tomatoes by two tomatoes makes six tomatoes, are variables—the variable being the difference between potatoes and tomatoes, changing the rule of mathematics—or does it?

Variables are additions—thinking to make it more—or subtractions to make it less; are attempts made to essence or dilute; are designed attempts to substitute treatment of effects for adjustment of cause; are desires to replace stimulation or inhibition for restoration of

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

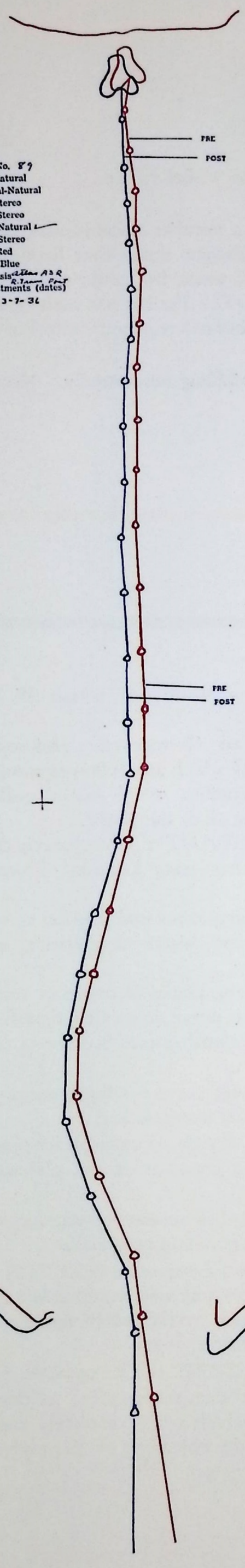
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Build
Blue, 2nd Build

Comparative graph between 8x36 film spinographs taken 3-7-36 Case No. 89
and H-35-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
3-7-36



Case No. 89
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
3-7-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

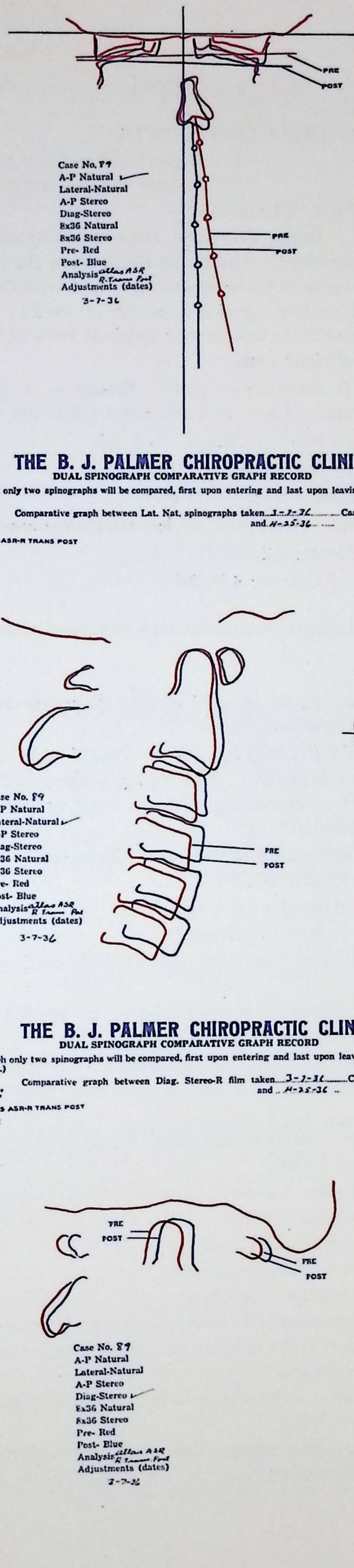
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 3-7-36 Case No. 89
and H-35-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
3-7-36



Case No. 89
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
3-7-36

(Sheet 3)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 3-7-36 Case No. 89
and H-35-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
3-7-36

Case No. 89
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
3-7-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 3-7-36 Case No. 89
and H-35-36

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
3-7-36

Case No. 89
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
3-7-36

CASE No. 92

Male Married Age 77

3/4/36

ENTRANCE COMPLAINTS:

1. Right hand and foot partially paralyzed.
2. Speech — Can't articulate well. Knows what he wishes to say.

PRESENT ILLNESS:

Began February, 1934 — Dropped handkerchief and made a peculiar noise in attempt to recover it from floor. Unable to speak from the beginning. Never fell. Patient states that he did not lose consciousness to his knowledge, and wife feels that he knew her at all times, but could not speak. Remained in bed for a period of about 15 weeks. Attended by M.D. and D.C. Patient has made gradual improvement since but cannot speak as he wishes to express himself, and has not regained control of the right hand and right foot.

Appetite — good. Bowels — 1 daily. Bladder — Some dribbling occasionally. Nocturia — 1 average. Sleeps well and takes afternoon nap daily.

Date case entered Clinic: 3/4/36

Date case left Clinic: 5/14/36

Interval, time lapse — 71 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 2

Dates: 3/24/36; 4/3/36

---

transmission; are ideas of medical diagnosis rather than Chiropractic analysis.

CHIROPRACTIC IS A PHILOSOPHY, SCIENCE AND ART. Philosophy, science and art each has ITS constants. In practice, each practitioner has HIS variables.

The CONSTANT of the Chiropractic PHILOSOPHY PRINCIPLE IS:

—a vertebral subluxation;

—occludes an opening;

—produces pressure upon spinal cord or spinal nerves;

—interferes with transmission of mental impulse supply between brain and body;

—interference offers resistance to transmission;

—interference and resistance reduce quantity energy flow;

—reduction of energy flow reduces and slows down tissue cell action;

—reduction of tissue cell action IS dis-ease.

The CONSTANT of the Chiropractic PHILOSOPHY PRACTICE is:

—a vertebral adjustment;

—increases the opening;

—releases pressure upon spinal cord or spinal nerves;

—restores transmission of mental impulse supply between brain and body;

—reduces interference to transmission of mental impulse supply;

—increasing energy flow increases and speeds up tissue cell action;

—increasing tissue cell action IS health, normal function.

Variables to Chiropractic philosophy would be ANYTHING which any follower would inflict into it, which is in conflict, which would nullify, modify, or abridge any or all of the above.

The CONSTANT of Chiropractic SCIENCE is:

—ascertaining exact location of vertebral subluxation;

—ascertaining exact mal-position of vertebra;

—ascertaining degree of pressure, interference, resistance;

—ascertaining places of origin of function, paths of distribution on nerve conveying that function, and location of functional effects because of interference and resistance;

—ascertaining correct adjustment to correct vertebral subluxation mal-position;

—delivery of that adjustment accomplishing the objectives of the constant of the philosophy of Chiropractic;

—to accomplish reverse objectives or releasure, reduced interference and resistance.

Variables of Chiropractic SCIENCE would be anything which any follower would inflict into it, which is in conflict, which would nullify, modify, or abridge any or all of the above.

The CONSTANT of Chiropractic ART is:

—to adjust that subluxation, in that direction, in that manner which most completely and most quickly accomplishes the objectives of the philosophy and science.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

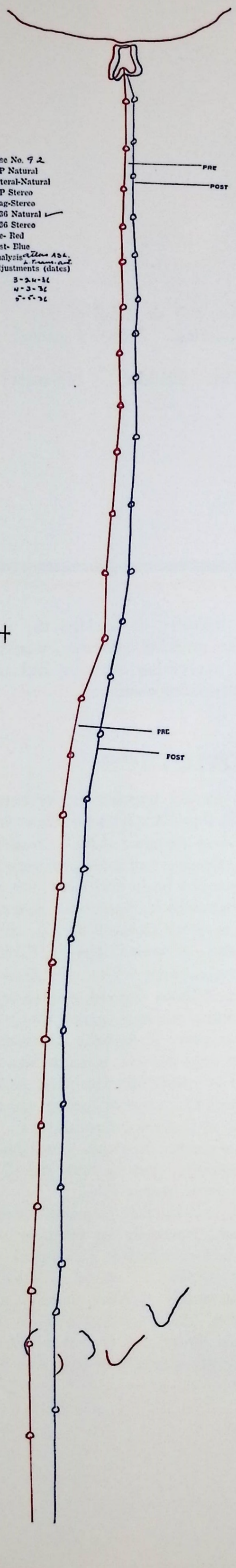
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 3-24-36 Case No. 92
and 5-14-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
3-24-36
4-3-36
5-5-36



Case No. 92
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL. L Trans. ant.
Adjustments (dates)
3-24-36
4-3-36
5-5-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

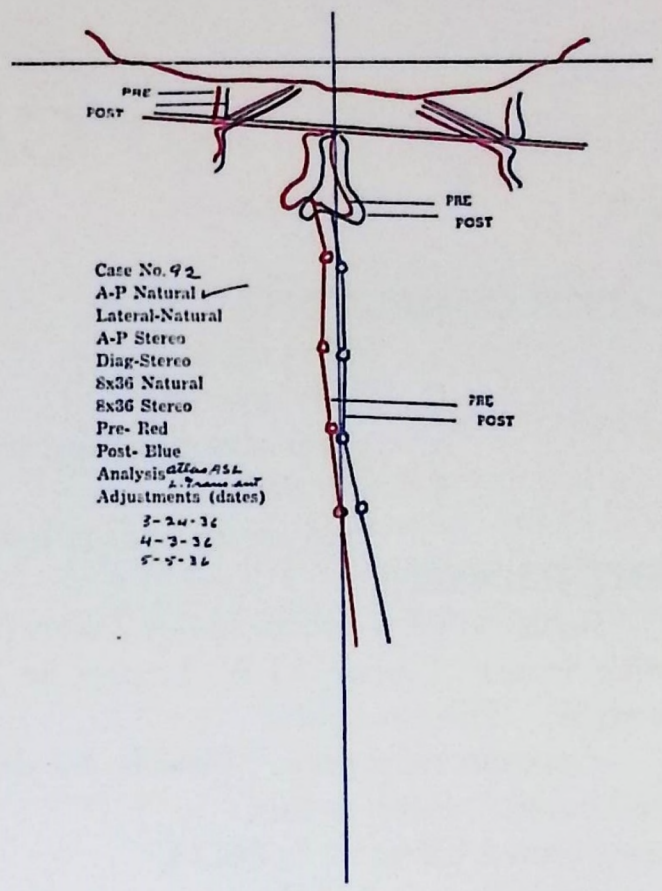
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 3-24-36 Case No. 92
and 5-14-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
3-24-36
4-3-36
5-6-36



Case No. 92
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans ant
Adjustments (dates)
3-24-36
4-3-36
5-5-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

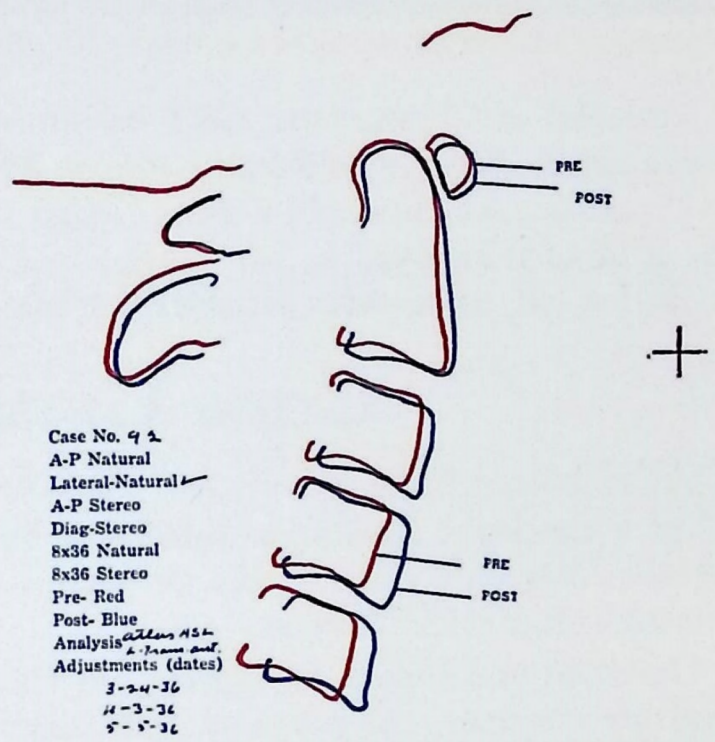
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 3-24-36 Case No. 92
and 5-14-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
3-24-36
4-3-36
5-6-36



Case No. 92
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans ant
Adjustments (dates)
3-24-36
4-3-36
5-5-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 3-14-36 Case No. 92
and 5-14-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
3-24-36
4-3-36
5-5-36

Case No. 92
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans ant
Adjustments (dates)
3-24-36
4-3-36
5-5-36

CASE No. 93

Male Widowed Age 46
3/24/36

ENTRANCE COMPLAINTS:

1. Skin yellow.
2. Poor appetite.
3. Voids about average three times each night.
4. Skin itches.
5. Pain across back at lower dorsal or upper lumbar.

PRESENT ILLNESS:

Began to turn yellow about January 25, 1936, but had not been well since fall of 1935. Has been losing weight (about 30 lbs.) since he became jaundiced. No vomiting. Frequent nausea. Loss of strength. Tolerates fats.

Appetite very poor. Bowels 2-3 daily. Stools are grayish-white. Bladder — Nocturia 3 average (bad odor). Sleep is fair.

Date case entered Clinic: 3/24/36
Date case left Clinic: 4/1/36
Interval, time lapse — 8 days
Analysis: Atlas AL — left transverse anterior
Adjustments: 1
Dates: 3/25/36

Variables of Chiropractic ART would be anything which any follower would inflict into it which would be in conflict, which would nullify, modify, or abridge any or all of the above.

To list or enumerate variables in conflict which would nullify, modify, or abridge the Chiropractic principle and/or practice constants, would be to list and enumerate everything contrary and antipodal to above philosophy, science and art.

Case Constants And Variables

EACH human being is born into this world because of a consistent irresistible Intelligent Force, working according to a definite plan, designed to a definite pattern—all of which is constant.

Universal and Innate Intelligence are constants; the laws are constant, the purposes and designs are constants. They control earth, sea, sky, stars and planets, air, water, light and heat, by immutable constant control. The pattern from which man is made, the process of his make, his reproduction, is a constant. The life force in man, the by-product of that force, such as skin, muscle, bone, is governed by a constant. Great and simple principles and practices are staid and sturdy and become monuments of lasting and permanent understanding which can never be destroyed—because they are constants. Why do we admire such men as Christ, Lincoln, Edison, Ford? Because of their constancy of thought and action.

Imagine what would happen to any of this if variables, with their ungovernable, irresponsible, and inconsistent ideas were to prevail. We don't admire or respect the wishy-washy, undetermined, variable human beings who are gone with the North wind and come back with the South wind.

There is a constant underlying the Chiropractic principle and practice: subluxation, occlusion, pressure, and interference to mental impulse supply between brain and body; which slows down tissue cell activity; which, given time, creates dis-ease; AND adjustment, opening occlusion, releasing pressure, restoring mental impulse supply between brain and body, which increases tissue cell activity; which, given time, re-creates health. That constant is either right or wrong. If right, it is TOTALLY right. If wrong, it is TOTALLY wrong.

Any drug or treatment which stimulates or inhibits functions or sensibilities, does so only because it has a positive and definite reaction against that which makes function or sensibility. If digitalis stimulates heart action, it does so only because it stimulates mental impulse supply. If morphine deadens pain, it does so only because it inhibits the sense of feeling via afferent impression and its equivalent interpretation.

ANY drug or treatment which stimulates or inhibits function or sensibility, does so only AS IT BLOCKS mental impulse nerve energy flow.

Any agency, and by this is meant whether given, taken, or received internally, or taken or received externally, regardless of whether a chemical, manual, or physical means, whether a material substance or an abstract, which seemingly modifies, amends, abridges, or changes function, does so not because it actually changes function direct, but that it modifies, amends, abridges, or changes quantity energy flow by blocking

(Sheet 2)

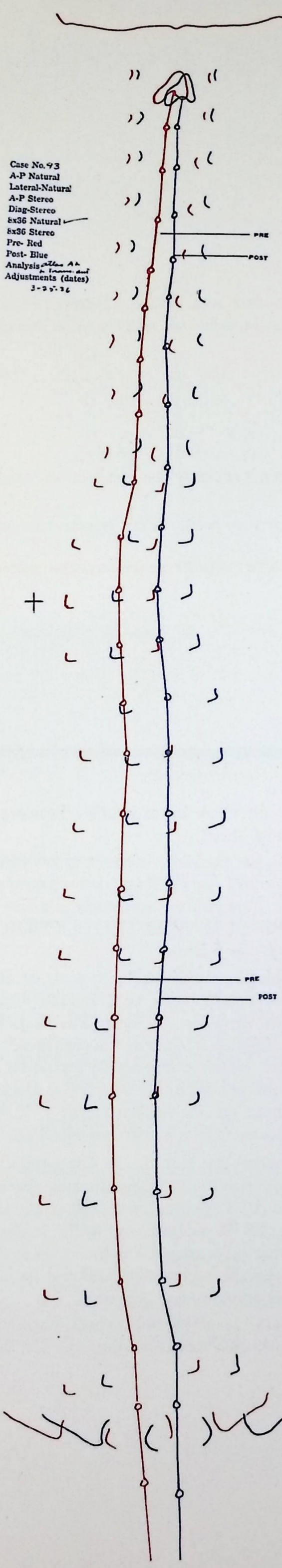
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 3-24-36 Case No. 93
and 4-1-36

Major: ATLAS AØL-L TRANS ANT
Adjs. given:
(Dates)
3-25-36



Case No. 93
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas A-L & trans ant
Adjustments (dates)
3-25-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

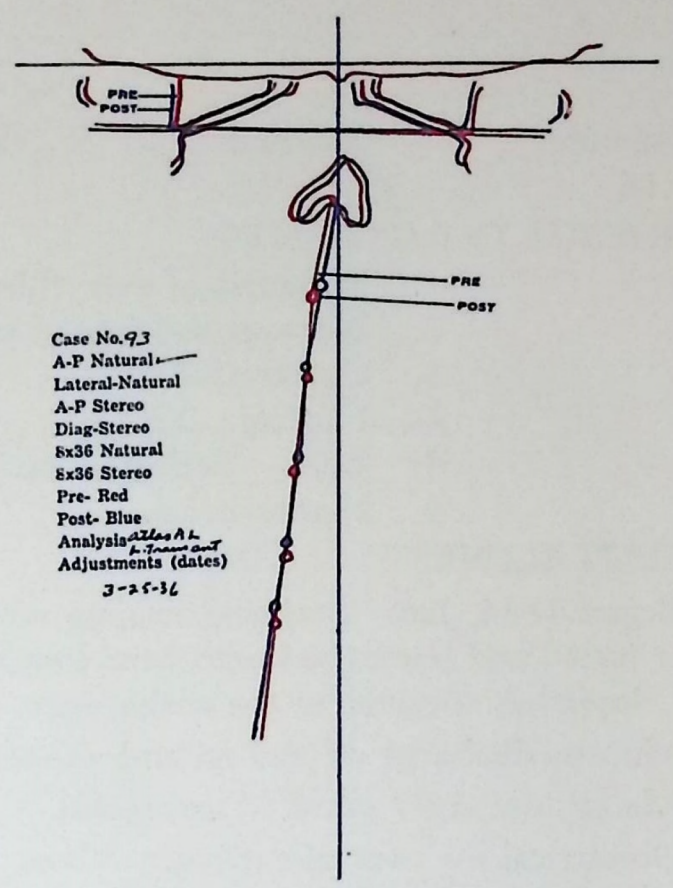
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 3-24-36 Case No. 93
and 4-1-36

Major: ATLAS AØL-L TRANS ANT
Adjs. given:
(Dates)
3-25-36



Case No. 93
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas A-L & trans ant
Adjustments (dates)
3-25-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

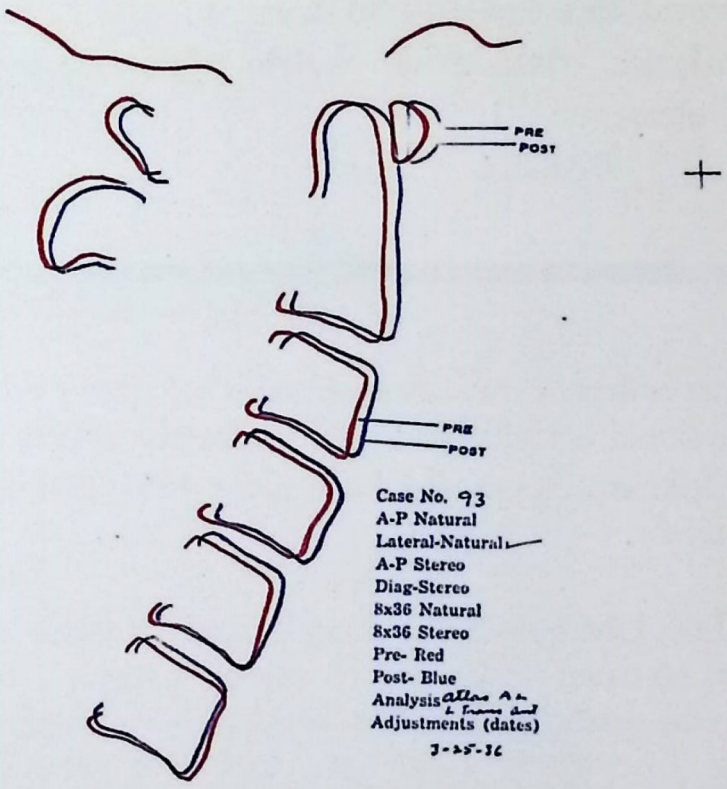
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 3-24-36 Case No. 93
and 4-1-36

Major: ATLAS AØL-L TRANS ANT
Adjs. given:
(Dates)
3-25-36



Case No. 93
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas A-L & trans ant
Adjustments (dates)
3-25-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 3-24-36 Case No. 93
and 4-1-36

Major: ATLAS AØL-L TRANS ANT
Adjs. given:
(Dates)
3-25-36

Case No. 93
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas A-L & trans ant
Adjustments (dates)
3-25-36

CASE No. 105

Female Married Age 57
4/17/36

ENTRANCE COMPLAINTS:

1. Sensation of everything falling down and out of pelvis.
2. Nervous and fear of prolapsis which has occurred.
3. Constipated.
4. Nocturia, 2-3.
5. Eyes — bother if used too much.
6. Hemorrhoids.

PRESENT ILLNESS:

Began 1934, Jan. Standing ironing when uterus dropped to outlet and was visible. Replaced, and adjusted and put to bed with head lowered and feet elevated. Has had trouble off and on since but no prolapse has occurred to the outlet since.

Mucous discharge off and on and worse when on feet.

Menopause at 47 years. Uneventful.

Obstetrical — two miscarriages (about four months).

Irregular scanty menstruation during fertile period.

Considered TBC Pul by the family M.D. No. lab. work was done but patient had a productive cough and slight fever, and was very thin and delicate. Weighed 98 lbs.

Appetite, good. Bowels, constipated. Bladder, nocturia, 2-3. Sleeps very well. Very sensitive to tobacco smoke and mouth peels if it is inhaled.

Date case entered Clinic: 4/18/36
Date case left Clinic: 7/6/36
Interval, time lapse — 80 days
Analysis: Atlas ASL — right transverse posterior
Adjustments: 1
Dates: 4/18/36

---

either efferent or afferent sides of the cycle behind functional activity and thus indirectly affects function.

Crile and Speransky have proved this statement conclusively.

———

The Chiropractic principle and practice is to adjust, to open occlusion, to release pressure, to restore normal quantity flow between brain and body, that Innate Intelligence can, does, and will rebuild normal rhythmic energy wave flow to re-establish normal rate of functional and sensibility tissue cell activity to a health level.

Drugs or treatments, according to their potency, block normal quantity flow either between brain and body or body and brain.

It should be obvious that a vertebral subluxation traumatically "blocks" mental impulse from getting thru, thus causes dis-ease.

It would be equally obvious that drugs or other treatments chemically "block" the same mental impulse from getting thru. What would happen when, as a result of adjustment, you RESTORE the flow of mental impulse and then permit the case TO STOP that flow with drugs or other treatments?

How, then, can there be any unity between these two contradictory ideas?

In our Clinic, we prohibit, without reservation, any case's taking any and /or all drugs or treatments while under our care. One definite statement is made to our cases in our "FIRST-DAY INTRODUCTORY INSTRUCTIONS", as follows:

"Use NO opiates, sedatives, hypnotics, or stimulatives, such as aspirin, adrenalin, arsenic, bromides, allonal, insulin, diet, etc., while in The B. J. Palmer Chiropractic Clinic. It destroys accuracy of NCM check readings, makes it impossible for us to render service in restoring health, for which you are paying. If in doubt about specific application to YOUR case, ask for appointment to see Director of Clinic."

This also sustains the fact in the Chiropractic profession that HIO specific subluxation and specific adjustment IS sound, IS practical, and will work, thereby offering proof to OUR profession as well. If these sick get well in greater percentage of worse cases in shorter time, with one specific subluxation and one specific adjustment, then it proves what it proves.

Up to January 1, 1938, 427 cases have entered Clinic, and in only two was axis adjusted. On the rest,

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

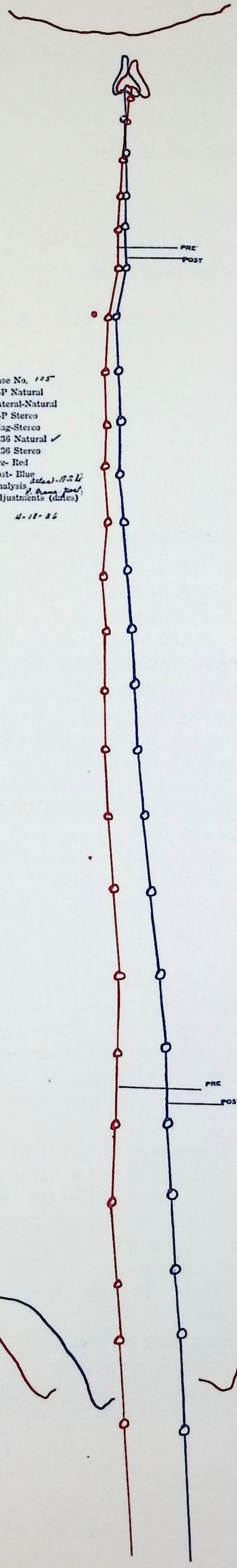
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Sitg. Blue, 2nd Sitg.

Comparative graph between 8x36 film spinographs taken 4-15-36 Case No. 105
and 7-6-36

Major: ATLAS ASL - R. Trans. Post

Adjs. given:
(Dates)
4-18-36



Case No. 105
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
R. trans. post
Adjustments (dates)
4-18-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

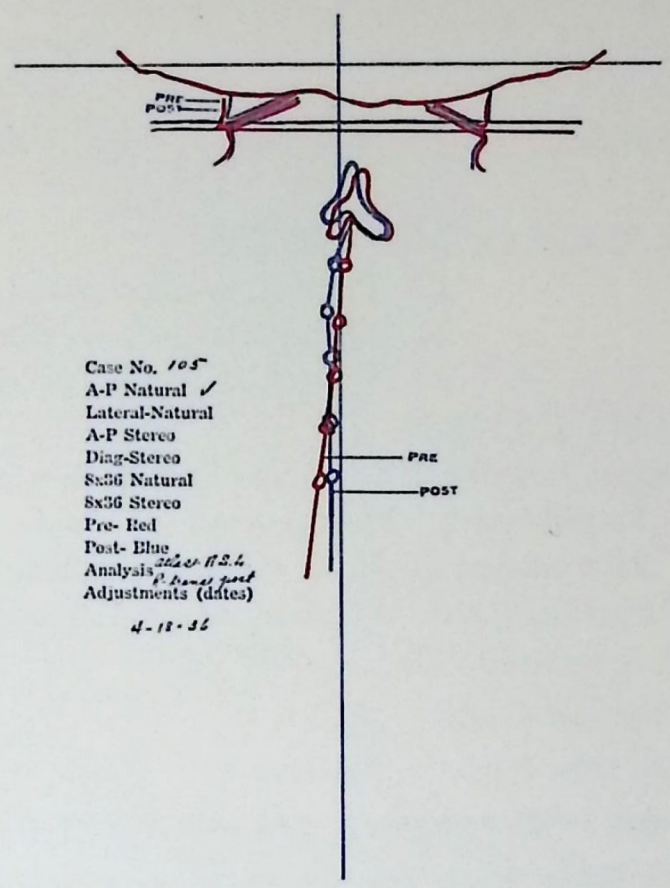
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 4-18-36 Case No. 105
and 7-6-36

Major: ATLAS ASL - R. Trans. Post.

Adjs. given:
(Dates)
4-18-36



Case No. 105
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
R. trans. post
Adjustments (dates)
4-18-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

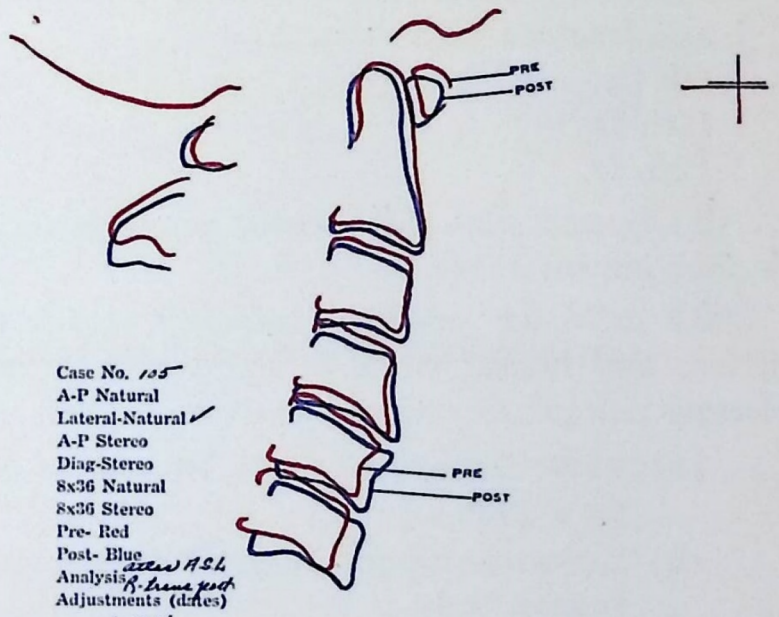
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 4-18-36 Case No. 105
and 7-6-36

Major: ATLAS ASL - R. Trans. Post.

Adjs. given:
(Dates)
4-18-36



Case No. 105
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
R. trans. post
Adjustments (dates)
4-18-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

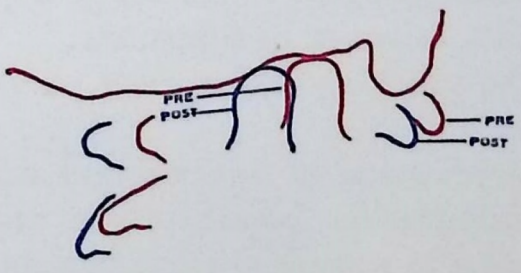
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 4-18-36 Case No. 105
and 7-6-36

Major: ATLAS ASL - R. Trans. Post

Adjs. given:
(Dates)
4-18-36



Case No. 105
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
R. trans. post
Adjustments (dates)
4-18-36

CASE No. 113

Female Married Age 64

5/4/36

ENTRANCE COMPLAINTS:

1. Painful, swollen joints of hands and feet. Fingers especially involved.
2. Occasional pain in elbows and knees.
3. Bronchial cough (productive) acute.

PRESENT ILLNESS:

Began January 1925, acute attacks last about ten days—inflamed joints. Lost weight. Worn out quickly. Rapid heart. Had thyroid removed. Acute attacks off and on of swelling, redness and pain of joints. Has settled down to chronic swelling and gradually getting worse.

Appetite, good. Bladder, history of nocturia, better at present time. Sleep, fairly well. Bowels, 1 daily.

Date case entered Clinic: 5/4/36
Date case left Clinic: 5/26/36
Interval, time lapse — 22 days
Analysis: Atlas ASR — right transverse posterior
Adjustment: 1
Dates: 5/5/36

---

atlas and nothing else was adjusted.

Six cases of fracture or dislocation with paralysis:
1 axis fracture with dislocation
1 6th C.
1 10th D.
3 12th D.

All adjusted atlas. All showed complete recovery or decided improvement.

HIO calls for precision, efficient, accurate, competent, and honest work at every step of the way. Getting sick people well is largely a question of

(a) understanding of depth to which Chiropractic applies
(b) understanding of methods Innate works in a human body
(c) discrimination between right and wrong interpretation of constants and variables of spinographs
(d) correct and incorrect interpretations of long or short "break" neurocalograph NCM readings
(e) judgment exercised on what to do, what not to do; when to adjust, when not to adjust; where to adjust, where not to adjust; how to adjust, how not to adjust, etc.
(f) under-adjusting rather than over-adjusting a case
(g) interpretation of actions and reactions and discrimination between true and false retracing as a result of right or wrong adjusting
(h) teaching cases to become "atlas-conscious" and protecting their adjustment in its retention
(i) using every, any, and all precautions to protect adjustment once given, thru care in getting off adjusting table, providing ambulatory couches from adjusting table to rest rooms, having rest rooms, and insisting upon their not-less-than-2-hour use, etc.

It takes little to adjust a subluxation; it takes little to upset it, yet everything revolves around both. Each must be safe-guarded, in preparation on one side and protection upon other. No Chiropractor can afford to be careless on either side of this all-important issue.

Average Chiropractor gives little thot to many all-important issues stressed and mentioned. He wonders why his cases don't get well; why adjustments fail. Failing, he begins chasing rainbows.

Results count! But results are of two kinds: stimulative temporary kind, and restorative energy permanent kind.

Anybody can easily produce stimulative kind, with hot water, electric shocks, massage, turkish baths, kicks in the pants, so to speak, etc. These "get results" but they don't last. Whiskey will make a pauper a stimulating millionaire in the evening, but next morning he will be inhibited back to his dark brown taste of the pauper again.

Even rapid stimulation has its equally quick let-down. Millions of people should have ability to produce permanent restoration of function as a result of a properly delivered vertebral-subluxation adjustment-setment. This has a build-up and stay-up and keeps on building up and staying up until that much-desired health is back to stay. It comes slower; it is gradual, but it is permanent.

There is nothing done in The B. J. Palmer Chiropractic Clinic which is stimulative—a rapid build-up with a quick let-down. We do nothing for temporary relief, to palliate, to temporize dis-ease. All we do or

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

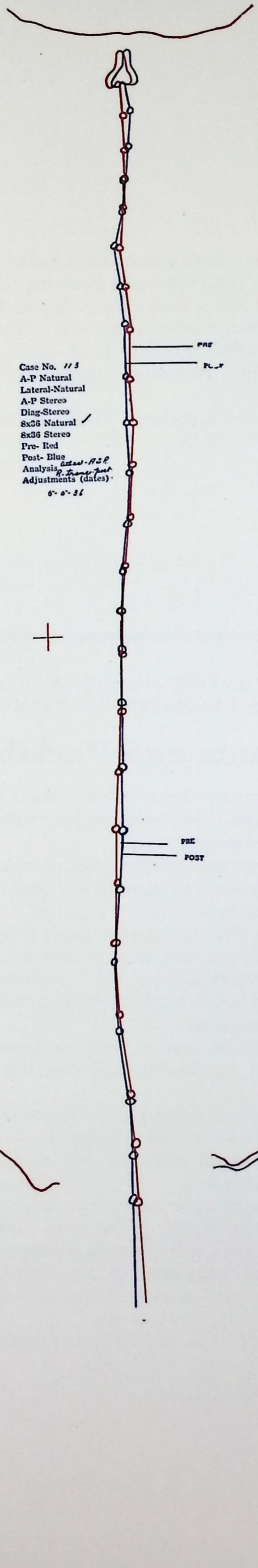
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 5-4-36 Case No. 113
and 5-26-36

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates) 5-5-36



Case No. 113
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans post
Adjustments (dates)
5-6-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

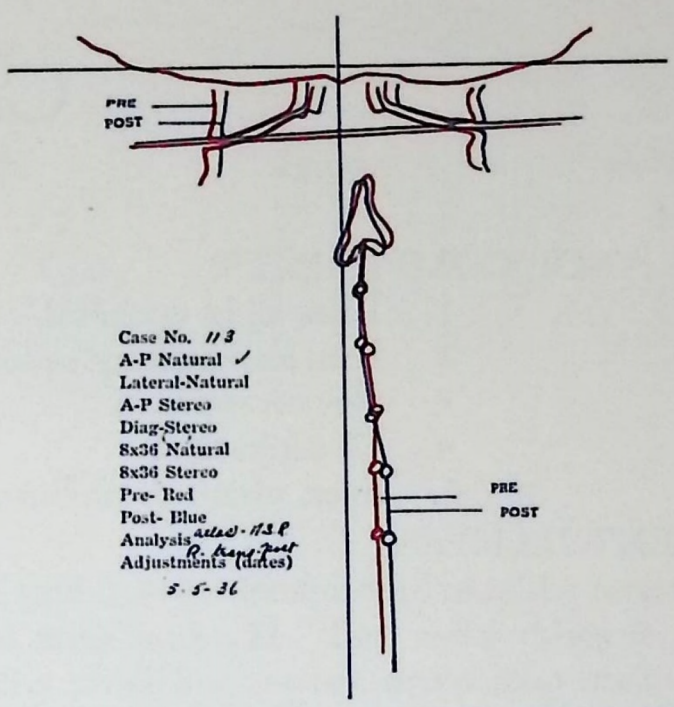
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between A-P Nat. spinographs taken 5-4-36 Case No. 113
and 5-26-36

Red, entering date Blue, leaving date

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates) 5-5-36.



Case No. 113
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans post
Adjustments (dates)
5-5-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

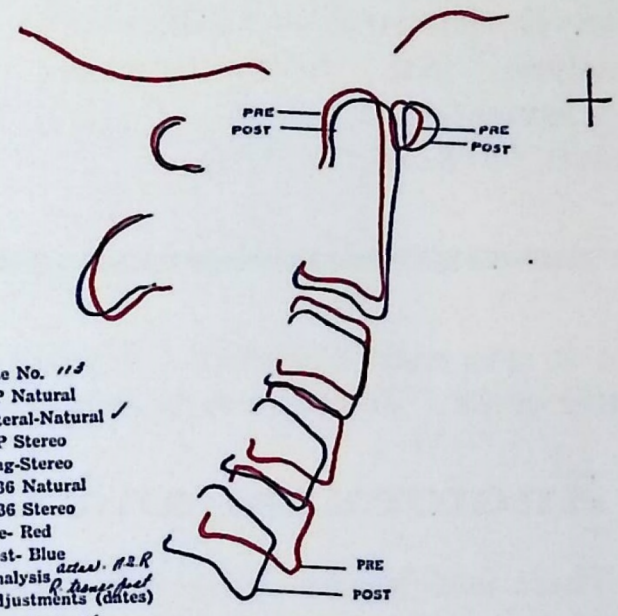
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken 5-4-36 Case No. 113
and 5-26-36

Red, entering date Blue, leaving date

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates) 5-5-36.



Case No. 113
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans post
Adjustments (dates)
5-5-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

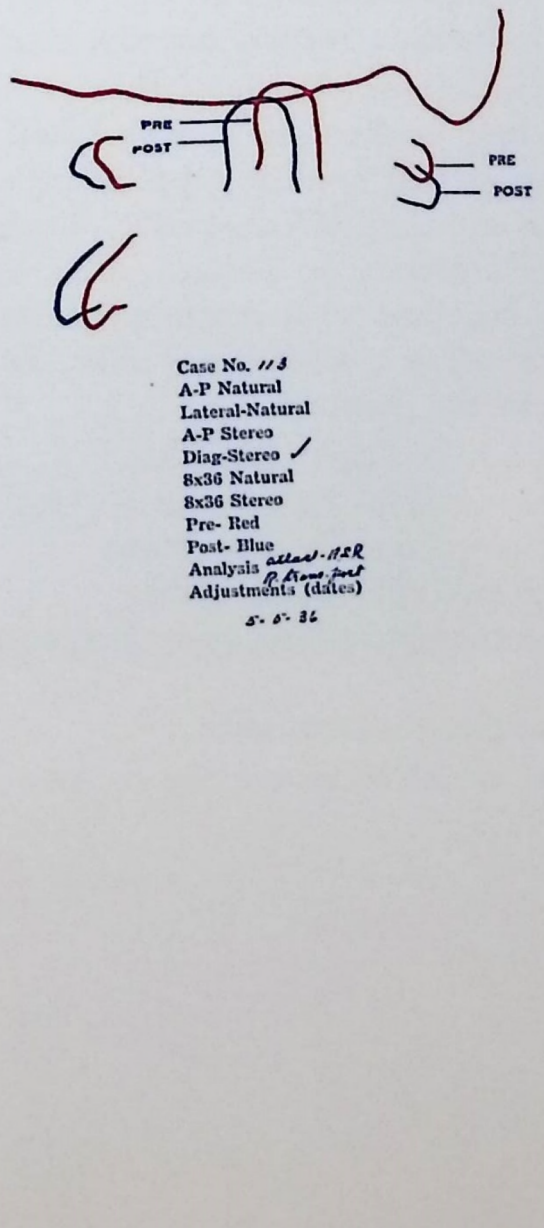
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken 5-4-36 Case No. 113
and 5-26-36

Red, entering date Blue, leaving date

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates) 5-5-36.



Case No. 113
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans post
Adjustments (dates)
5-5-36

CASE No. 120

Male Single Age 37

5/7/36

ENTRANCE COMPLAINTS:

1. Pain, right occipital.
2. Pain in maxillary sinuses off and on for years.
3. Gas on stomach.
4. Constipation.
5. Eyes, vision disturbed at times.

PRESENT ILLNESS:

Began while in high school, 1914. Has had trouble off and on since. Feels that trouble makes his brain sluggish when bad. Has had relief by playing vigorous game of hand-ball, until sweating freely, and then take warm shower and finish with cool water. Relief would follow from 6 to 24 hrs. and then old condition would return. Has had relief from adjustments but cannot completely recover. Was relieved in 1929 by Axis adjustment from stomach gas. Has had in past, discharge from head, bloody mucous, but has been dry for past 6 months. Slight cold in head at present. Acquires congestion or so-called cold in the head easily.

Appetite, good. Bladder, negative. Bowels, constipated but improved at present. Sleep, restless if head is disturbing.

Date case entered Clinic: 5/7/36

Date case left Clinic: 6/30/36

Interval, time lapse — 54 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 2

Dates: 5/8/36; 5/15/36

---

can do is to restore function. It is the slow process, the better result. It comes slow, but builds permanently. I would rather get ONE case well who STAYS well, than to stimulate a hundred and have NONE stay well.

Anatomical and Osteological Constants and Variables

There is a Species and family constant.

There are Species and family VARIABLES.

There is a Genus Homo anatomical and osteological constant.

All people are alike in general characteristics, but differ in their specific variables.

All have head, two arms, two legs, a nervous system, a vertebral column, a mental impulse supply constant.

Each has a face on that head that is variable, arms and legs are long or short; no two vertebral columns are alike; no two mental impulse supplies are exactly alike.

There are osteological constants. Each person has 24 movable vertebrae; an occiput, atlas, and axis. All bones are a constant to a common constant. Yet, no two occiputs, atlases, or axes are alike. Each possesses variables from the constant.

There are left and right variables.

It is these variables that make no two people anatomically or osteologically a constant

—make no two subluxations alike

—make no two occlusions, pressures, or interferences alike

—make no two dis-eases alike

It is these variables that make no two people take the same adjustment, or respond to it alike; or react to the same condition in the same speed; or make them get well in the same manner.

To be a competent, efficient, and accurate Chiropractor calls for one who knows his constants and variables in osteology.

Some will try to fit an atlas on upside down; an axis below 4th cervical, or turn an atlas right-side to.

All Chiropractors have a "fair" understanding of something about bones; a trifle more than that about an occiput, atlas, and axis.

All Chiropractors have a "fair" understanding of something about vertebral subluxations and their adjustment.

A Chiropractor is ordinary or extraordinary according to whether he knows the ordinary or extraordinary about the osteological constants and their variables, normal and abnormal.

The usual patient has an osteological constant in common with other people. The usual patient has a vertebral subluxation and a vertebral adjustment constant in common with other people. That patient stands a pretty good chance of getting well at the hands of A USUAL Chiropractor.

But what about the UNUSUAL patient with an

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

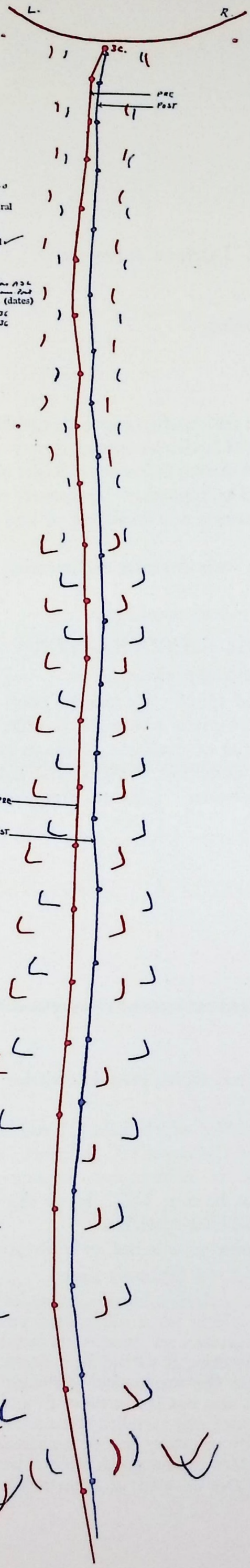
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 7x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 5-7-36 Case No. 120
and 6-30-36

Major: atlas ASL-L. Trans Post.

Adjs. given:
(Dates)
5-8-36
5-15-36



Case No. 120
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L Trans Post
Adjustments (dates)
5-8-36
5-15-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

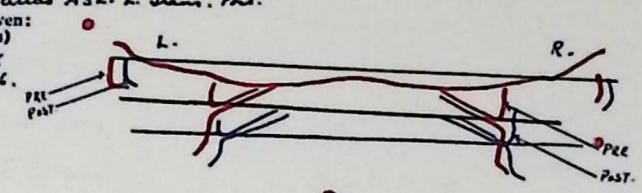
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

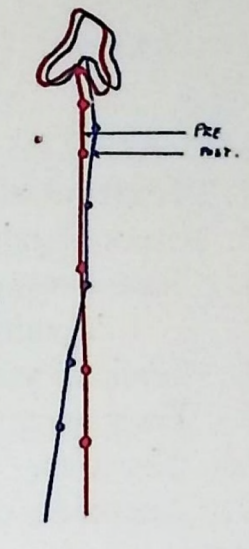
Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 5-7-36 Case No. 120
and 6-30-36

Major: atlas ASL. L. Trans. Post.

Adjs. given:
(Dates)
5-8-36
5-15-36.





Case No. 120
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. Post.
Adjustments (dates)
5-8-36.
5-15-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

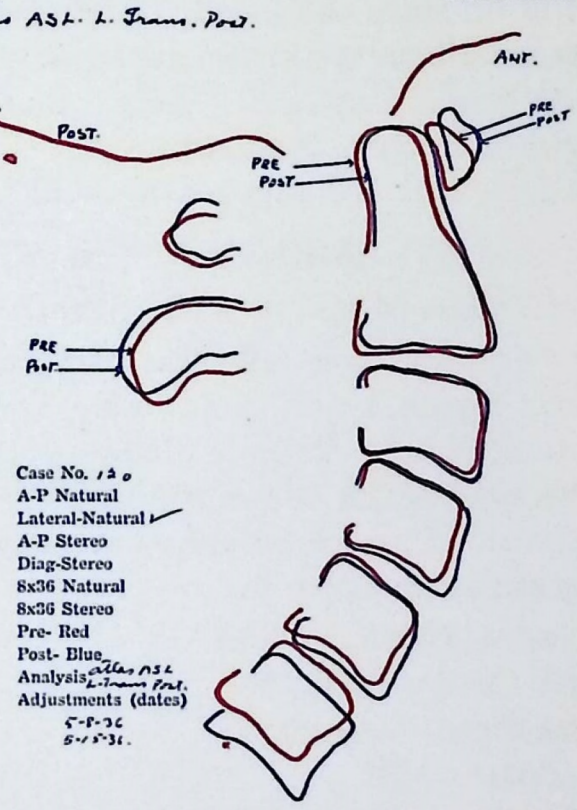
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 5-7-36 Case No. 120
and 6-30-36

Major: atlas ASL. L. Trans. Post.

Adja. given:
(Dates)
5-8-36
5-15-36.



Case No. 120
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans Post.
Adjustments (dates)
5-8-36
5-15-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

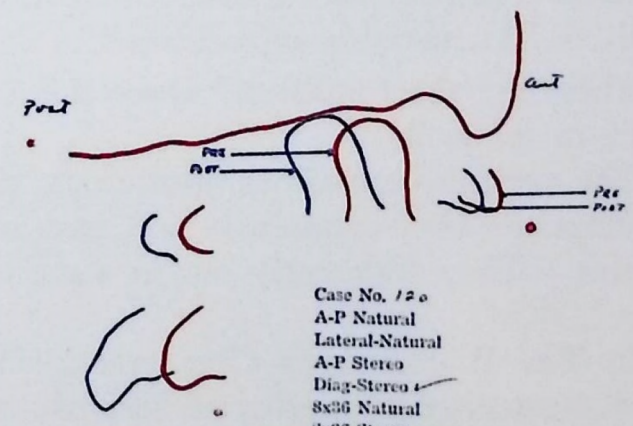
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 5-7-36 Case No. 120
and 6-30-36

Major: atlas ASL-L-Trans. Post

Adjs. given:
(Dates)
5-8-36.
5-15-36.



Case No. 120
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L Trans Post
Adjustments (dates)
5-8-36
5-15-36

CASE No. 124

Female Married Age 29
5/18/36

ENTRANCE COMPLAINTS:

1. Rupture of capillaries (general).
2. Spits blood. Gums bleed easily.
3. Soreness entire abdominal region. Nausea at times. Dizziness at times. Vomits blood occasionally.
4. Spells of yellow vision.
5. Frequency of urination. At times smarting and burning.
6. Nervous.
7. Shortness of breath with rapid heart on exertion.

PRESENT ILLNESS:

Began about 1930. Itching eruption on chest, arms, legs, and body; and finally tongue turned blue and became sore. Gums began to bleed in about thirty days after onset. Capillaries ruptured over entire body in blue spots during first week of illness. Had some fever at onset during first week. Right side of body became numb. Involved limbs on left side, also, but not to extend on right side. Frequency of urination off and on since childhood. Abdominal developed early. Nervousness and weakness off and on past six years. Yellow vision developed in past month.

Appetite good. Bowels 1-2 daily. Bladder — Nocturia off and on with smarting and burning. Sleep — Disturbed lately. Nervousness.

Patient feels that the rupture of capillaries is most important of entrance complaints.

SUPPLEMENTARY HISTORY SENT IN BY LOCAL CHIROPRACTOR

When 12 years of age, was roller skating and slipped and fell in a sitting position.

About two years ago, fell down the steps from a porch and twisted spine. Six months later, muscles in lumbar region began contracting and drew right hip joint out of place. Stomach trouble, sometimes vomiting blood. Tongue always coated. Bleeding gums. Bursting of capillaries, more on the left side. Continual pain in dorsal and lumbar regions. Pain in right leg; numbness of right arm, side, and leg. Dizziness. Low blood pressure. Burning sensation in urinary bladder. Urinates frequently. Either pregnant or menopause.

Date case entered Clinic: 5/18/36
Date case left Clinic: 6/2/36
Interval, time lapse — 14 days
Analysis: Atlas: ASR
Adjustment: 1
Dates: 5/19/36

UNUSUAL variable NOT IN COMMON with other people? What about the UNUSUAL patient with an UNUSUAL variable subluxation requiring an UNUSUAL variable adjustment?

These are the "problem" cases this Clinic is called upon to get well.

The variables are either anomalous, pathological, or traumatic. They can be any one, two, or three, in any person. They frequently are in some one "problem" case.

In The B. J. Palmer Chiropractic Clinic are over 18,400 osteological specimens; anomalous, pathological, as well as traumatic, valued at over $150,000. Having spent thousands of hours studying them, we know WHAT to look for, WHAT to see, WHAT to expect, and then by process of seeing find them; or, by process of seeing, can eliminate them when reading X-ray films.

It is the ability to include or exclude the variables, with the constant, which gives knowledge; and knowledge is ability.

It is the variables which make Chiropractors fail on cases—not that ChiropracTIC is wrong; not that the ChiropracTOR is incompetent, inefficient, or inaccurate, but that he does NOT know the variables on which he should be a specialist.

You must know your bones, to know your bones.

Page 143, Vol. 19 (Palmer) states:

"Reading an occipito-atlantal-axial set of spinographs is more than looking for a subluxated position of one vertebra, to ascertain its present subluxated position, and figuring direction it should be adjusted to get case well. There is the anatomical constant normal position, where it was but is not now. In addition to subluxated position of one vertebra to be seen, we look for and ascertain by negation any of hundreds of possible anomalous, and/or pathological, and/or traumatic variables and how any or some of them being present and

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

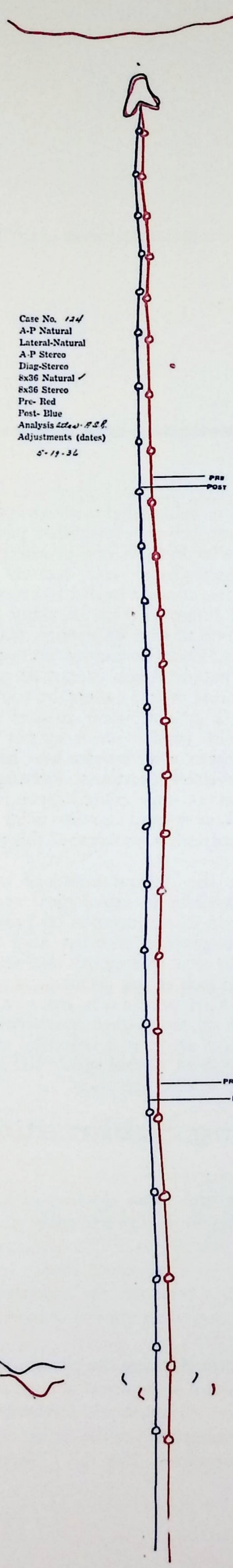
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st visit
Blue, 2nd visit

Comparative graph between 8x36 film spinographs taken 5-15-36 Case No. 124
and 6-2-36

Major: ATLAS ASR

Adjs. given
(Dates)
5-19-36



Case No. 124
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
Adjustments (dates)
5-19-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

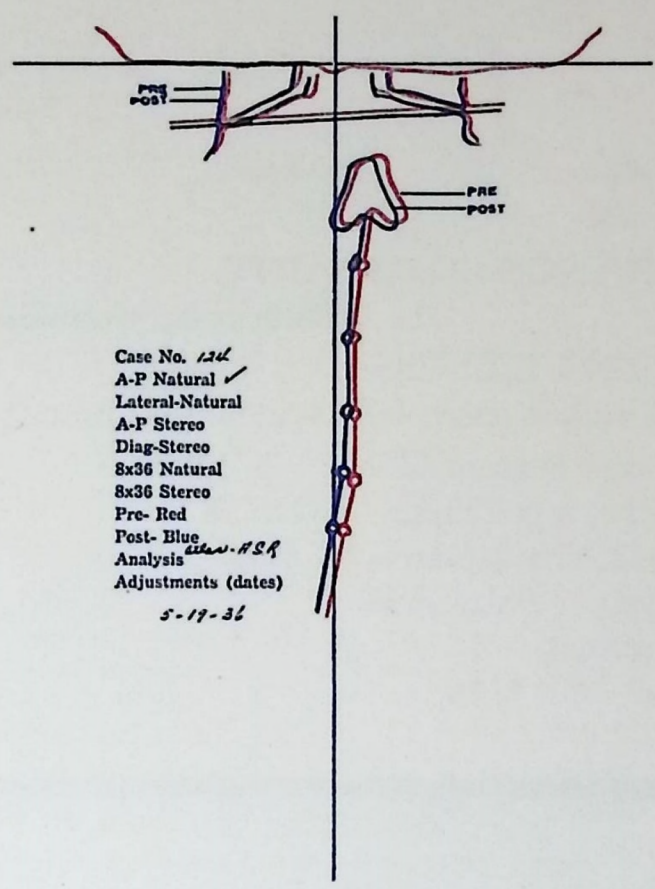
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 5-19-36 Case No. 124
and 6-2-36

Major: ATLAS ASR

Adjs. given:
(Dates)
5-19-36.



Case No. 124
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
Adjustments (dates)
5-19-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

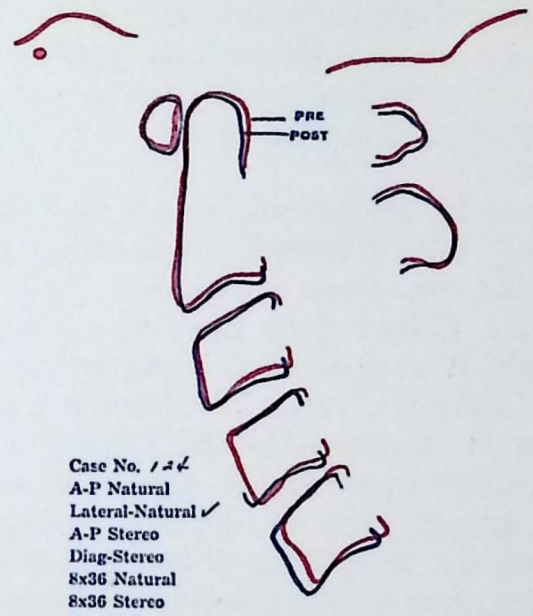
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 5-19-36 Case No. 124
and 6-2-36

Major: ATLAS ASR

Adjs. given:
(Dates)
5-19-36



Case No. 124
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
Adjustments (dates)
5-19-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 5-19-36 Case No. 124
and 6-2-36

Major: ATLAS ASR

Adjs. given:
(Dates)
5-19-36

Case No. 124
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
Adjustments (dates)
5-19-36

CASE No. 136

Male Widower Age 46
6/13/36
ENTRANCE COMPLAINT:
1. Acute pain, sacro-iliac region.
PRESENT ILLNESS:
Gradual onset with acute crisis, June 7, 1936. Has eased somewhat and is still tender over sacro-iliac region.
Date case entered Clinic: 6/13/36
Date case left Clinic: 6/26/36
Interval, time lapse — 13 days
Analysis: Atlas ASR
Adjustment: 1
Dates: 6/13/36

affect and modify interpretation of position of subluxation otherwise thot to be seen. Many modify the conclusion and shift position to R. or L. It is these elements which create 'impossible' and 'problem' cases which we get in The B. J. Palmer Chiropractic Clinic; which we seek and frequently find, which makes our interpretations different, which soon shows in getting case well where others who follow simple routine fail. To think only anatomical constant as was and should be and thus ignore multitudinous anomalous, pathological, and/or traumatic variants that modify usual technique of reading spinographs, is to not see some of the most salient issues of study.

"Fortunately, majority of cases do not fit into these categories. Unfortunately, minoring of 'incurable' cases DO fit into these categories. The B. J. Palmer Chiropractic Clinic does have the Osteological Laboratory which makes such comparisons vital to recovery of 'stubborn' cases. Ordinarily, a matched set of occiput, atlas, and axis before Chiropractor in spinographic reading room makes it possible to compare the real with spinographs of duplicate parts of his case. Extraordinarily, thousands of specimens of sets of occiputs, atlases, and axes are before us in our Osteological Laboratory where we make comparisons between actual variables to compare with spinographs of duplicate parts found in 'unusual' cases.

"What you look at in a spinograph may be exactly what you see, but are you seeing exactly what you look at in a spinograph? This is not paradoxical. You look in a spinograph and see what appears to be what you define it to be as to subluxated position comparative to vertebra above and below. Is it what you define? If an anomaly exists on one side, not on other; if pathology exists on prezygapophyses and not on postzygapophyses; if traumatic crushed healed fracture cicatrix exists on odontoid (cited as some of many possibilities) then what you look at in a spinograph may be exactly what you look at. These are actualities occurring more or less in many people which cannot be put into type (except in a general way), cannot be told by instruction (except in a general way) neither can they be written into books (which we have not attempted.) This education comes after hundreds of intimate hours with eighteen thousand specimens, studying possibilities in comparative sets of what could happen if this or that was present and how it would modify what you thought you saw if a spinograph were taken at this or that angle, etc.

"The broader the understanding of constant and knowledge of variables in osteological specimens, the more one can read in spinographs of living individual from whom spinographic pictures have been taken. Person who looks at a spinograph and sees little in it is one who would look at any osteological specimen and see little in it. Other person who has spent years looking at thousands of osteological specimens can take a spinograph set and see in it a reflection of his understanding of anomalous, pathological, and/or traumatic specimens he has studied for years."

Constants and Variables in Adjusting Subluxations

D. D. PALMER laid down a principle, including its elements, in 1895. To that principle, and those elements, he gave a name. That principle and those elements are:

—a vertebral subluxation;
—occludes an opening;
—produces pressure upon nerves;
—interferes with transmission of mental impulse supply;
—causes dis-ease.

That principle and those elements are eight right or wrong. If it is not right, then let's prove it wrong and correct it and them. If it is right, let's prove it so, and develop its application in service.

That principle and those elements are a constant. But what variables we find practiced in its name!

What should you do, as a Chiropractor, to change the variable back to a constant? Innate is a constant, the subluxation is a constant, the adjustment is a constant; but the Chiropractor tries to change the constant into a variable.

The Chiropractor deplores the physician and science of medicine because it is empirical, a dogmatism, a mass of experimentation variables; and forthwith denounces medicine as possessing none of the elements of an exacting or precise constancy. Yet the Chiropractor who

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 6-13-36 Case No. 136
and 6-26-36

Major: atlas ASR
Adjs. given (Dates)
6-13-36

Case No. 136
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
6-13-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

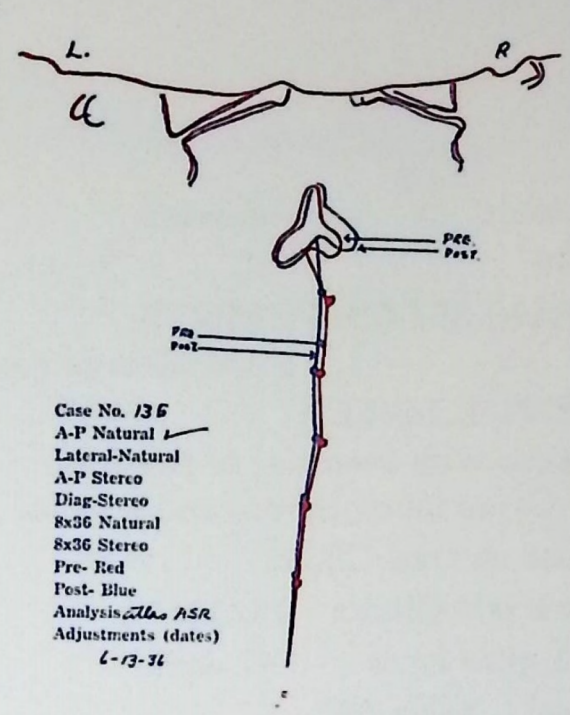
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 6-13-36 Case No. 136
and 6-26-36

Major: atlas ASR
Adjs. given: (Dates)
6-13-36.



Case No. 136
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
6-13-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

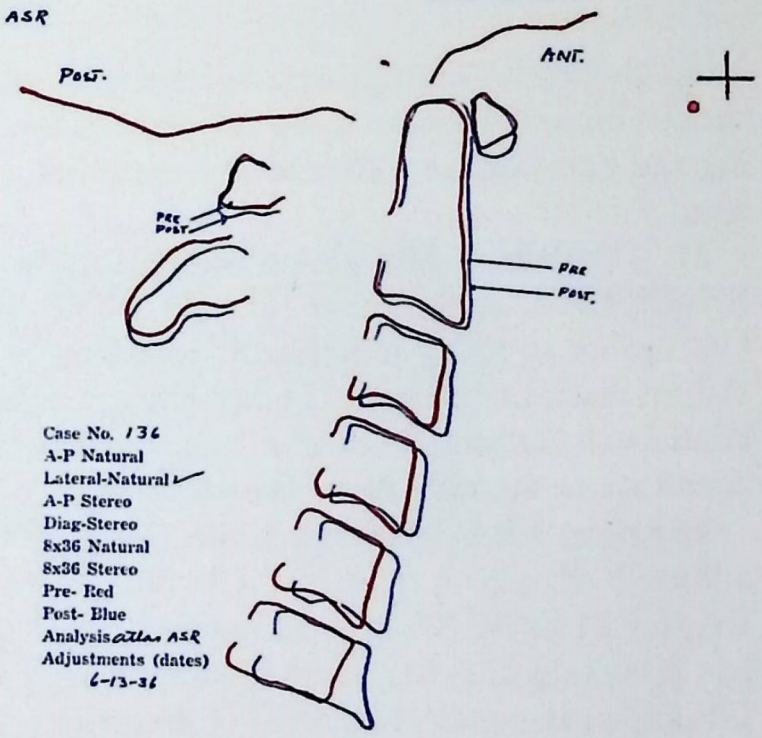
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 6-13-36 Case No. 136
and 6-26-36

Major: atlas ASR
Adjs. given: (Dates)
6-13-36.



Case No. 136
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
6-13-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

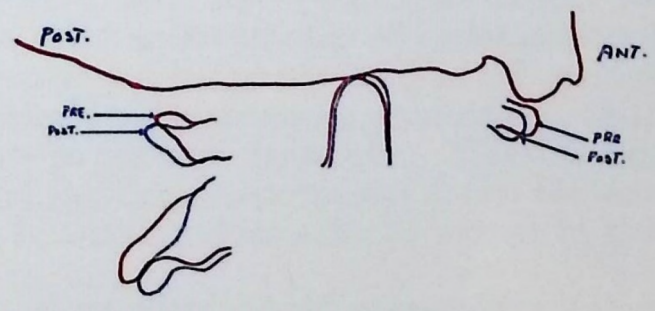
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 6-13-36 Case No. 136
and 6-26-36

Major: atlas ASR
Adjs. given: (Dates)
6-13-36.



Case No. 136
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
6-13-36

CASE No. 138

Female Married Age 32

6/19/36

ENTRANCE COMPLAINTS:

1. Fixed ideas of persecution.

PRESENT ILLNESS:

Began with insertion of pessary in June, 1935, and patient first showed mental disturbance within one week. Given much chloral and bromide (sufficient to disturb digestion).

Date case entered Clinic: 6/19/36
Date case left Clinic: 11/13/36
Interval, time lapse — 147 days
Analysis: Atlas ASL
Adjustments: 1
Dates: 6/20/36

---

brags about his "chiropractic becoming more scientific" should himself become more scientific. How? By seeking the constant and eliminating variables in his practice.

D. D. Palmer laid down the principle IN THE SINGULAR subluxation. It was NOT plural. Yet Chiropractors today pluralize it from 2 to 24 vertebrae. Adjust occiputs to legs. Today there are being given what I call "cutaneous or kiss" adjustments. They don't penetrate to actually move the vertebra.

Example: Case 73 entered our Clinic. Chiropractor adjusted atlas, first from one side then other side, each day, for 21 days. Atlas, if subluxated, could not be both left AND right. Atlas, if subluxated, was EITHER left OR right. It couldn't be BOTH directions. Discussing this case, THE KNOWN MAN, Vol. 19 (Palmer) says:

"IF (a) vertebra WAS subluxated right, then it wasn't subluxated left. If it was left, then it wasn't right. If it was either, it couldn't be both opposite directions, same day. One Chiropractor held opinion it WAS both opposite directions same day, every day for 21 days. No wonder the seeming necessity of pecking away every day on a variable from both sides.

"IF (b) atlas was subluxated right and this was 'adjusted' first, then head turned over and 'adjustment' given from left, and case went home with last peckment FROM LEFT, then case went home with worse subluxation than when he entered office. Vice versa would also be true. Pecking on wrong side on alternate days is a variable constituting an inexcusable blunder. Adjusting from RIGHT, only when it exists as such in fact, is a constant which constitutes sound intelligent understanding of nature of atlas subluxation and its correction.

"IF (c) subluxation WAS right on Monday, and on Monday he 'adjusted' from right first and left second; and subluxation WAS left on Tuesday, and on Tuesday he 'adjusted' from left first and right second, he would alternately, on opposite days, decrease and increase pressure and make case worse one day and perhaps better next. (This would be questionable because no case needs 'adjustment' every day on same subluxation. It IS possible that pecking away on alternate side daily MIGHT increase readings). Alternation would be haphazard, trusting to memory which side was first or last, yesterday or day before, therefore, no constant was used as a basic start or finish. It would be bad enough if he made a constant of which side was daily adjusted first for 21 days. Even this possesses elements of great danger, for

"IF (d) subluxation WAS right, and for 21 days he adjusted from RIGHT first and LEFT last, then each day he continued to make case worse. It is no wonder case suspicioned Chiropractor did not know which side atlas was subluxated to. Realizing he was getting worse, case left him and went to another Chiropractor who found which side it WAS subluxated to. No Chiropractor can build a business on variables of which this is a simple sample."

Example: IF atlas IS THE vertebral subluxation, including its elements, then none other is. To claim others ARE, is to introduce variables.

This Clinic is premised on two vital principles:

1. The cause is within, the cure is within. It is necessary to accurately locate the cause and efficiently correct it, that the cure life forces within may be liberated to bring back health.
2. Rehabilitation of the part which has long been in dis-use. This cannot be done by external manipulation, such as massage. It must be done by internal use by patient himself.

Every department of this Clinic works, confines, and scientifically applies itself to these two vital practices.

You have noted, under the first principle, any, every, and all methods which establish an accurate and efficient mechanical automatic record, avoiding studiously any, every, and all methods which permit free play to human diagnosis which is admittedly guess-work with even the best. You have further noted, under the second principle, all methods which permit case to work his own parts to more quickly develop them back to normal.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 6-19-36 Case No. 138
and 11-13-36

Major: atlas ASL

Adjs. given:
(Dates)
6-20-36.

Case No. 138
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL.
Adjustments (dates)
6-20-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

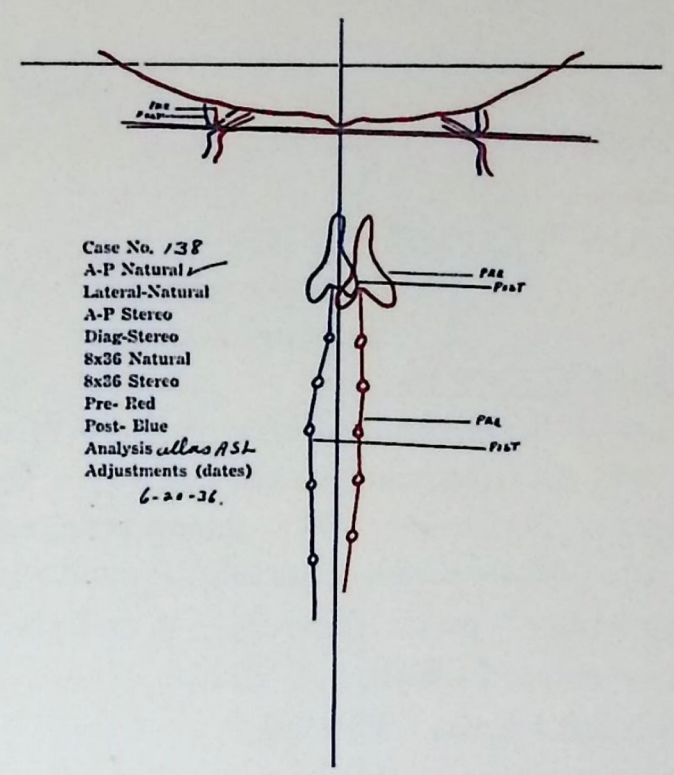
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 6-19-36 Case No. 138
and 11-13-36

Major: atlas ASL

Adjs. given:
(Dates)
6-20-36



Case No. 138
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
6-20-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

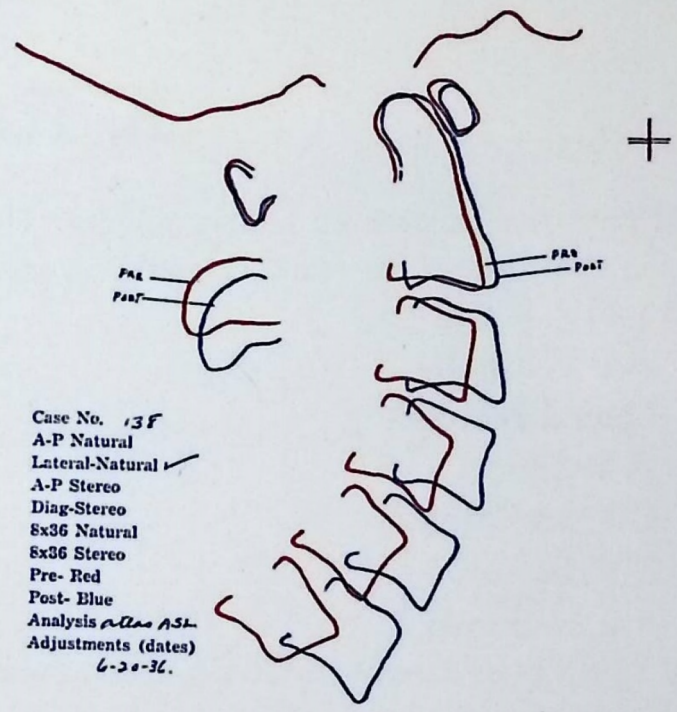
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 6-15-36 Case No. 138
and 11-13-36

Major: atlas ASL.

Adjs. given:
(Dates)
6-20-36.



Case No. 138
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
6-20-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

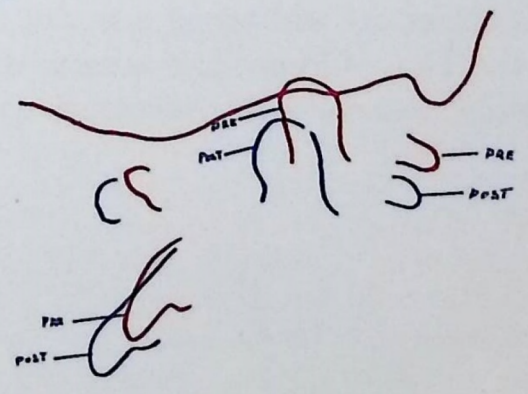
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 6-12-36 Case No. 138
and 11-13-36

Major: atlas ASL.

Adjs. given:
(Dates)
6-20-36.



Case No. 138
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
6-20-36.

CASE No. 141

Female Married Age 45

6/23/36

ENTRANCE COMPLAINTS:

1. Deafness with head noises.
2. Blurring of vision.

PRESENT ILLNESS:

Ears — Suddenly deaf after delivery of son in 1918. Deaf since and gradually getting worse. Hearing was good previous to the delivery. Eyes were crossed and very red for a few days following.

Eyes — September, 1935, glasses fitted and dizziness relieved. At present, has cold and watery eyes, which blur occasionally, especially if used very much.

Appetite — good. Bowels — 1 or 2 daily. Bladder — Nocturia 1. Sleep — Head noises disturb.

Date case entered Clinic: 6/22/36

Date case left Clinic: 9/4/36

Interval, time lapse — 74 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 2

Dates: 6/23/36; 8/14/36

X-Ray Graphs

UPON entrance of case to Clinic, at least 10 spinographs are made ("at least" because specials may be called for):

1. A-P Natural.
2. Lateral Natural.

3- 4. A-P Stereo.

5- 6. Diagonal Stereo.

7- 8. B.P. Stereo.

9-10. 8 x 36 Stereo.

Every two weeks case is in Clinic, a comparative set is made:

3-4 A-P Stereo.

5-6 Diagonal Stereo.

When case leaves Clinic, or is dismissed from Clinic, another complete set is made, duplicating set when case entered.

Every two weeks, as additional sets are made, they are referred to X-ray Graph Lab where over-lapping graphs are made, interpreted, compared, and findings recorded. In this way we know EXACTLY

1. what has happened to individual subluxation
2. whether it has been corrected, if any, from abnormal to normal position
3. if it has moved, how much, and in what direction
4. if it has not moved, we secure information of that character
5. as time proceeds, what affect its change has had on balance of spine contours.

When case leaves Clinic, we now make up entirely new set of graphs based on first and last sets; first being in red ink on oiled graph paper, last being in blue ink on oiled graph paper, both sets being on same graph, thus giving a before-and-after study of everything that happened between time case came and left.

Each form is identified for work that form reveals. Key to colors, dates, information re adjustment, and when each was given, are matters of record on each form.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

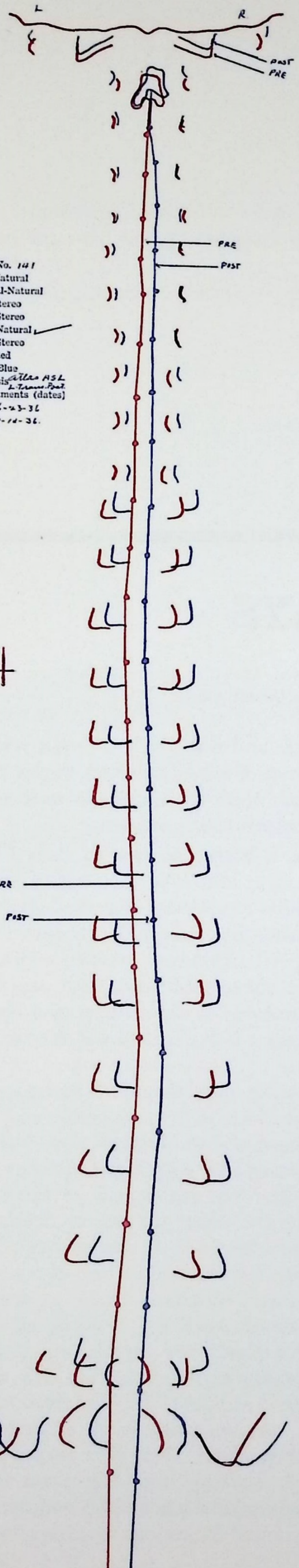
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st date Blue, 2nd date

Comparative graph between 8x36 film spinographs taken 6-22-36 Case No. 141
and 9-4-36

Major: atlas ASL-L. Trans. Post.

Adjs. given:
(Dates)
6-22-36
8-14-36



Case No. 141
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. Post.
Adjustments (dates)
6-23-36
8-14-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

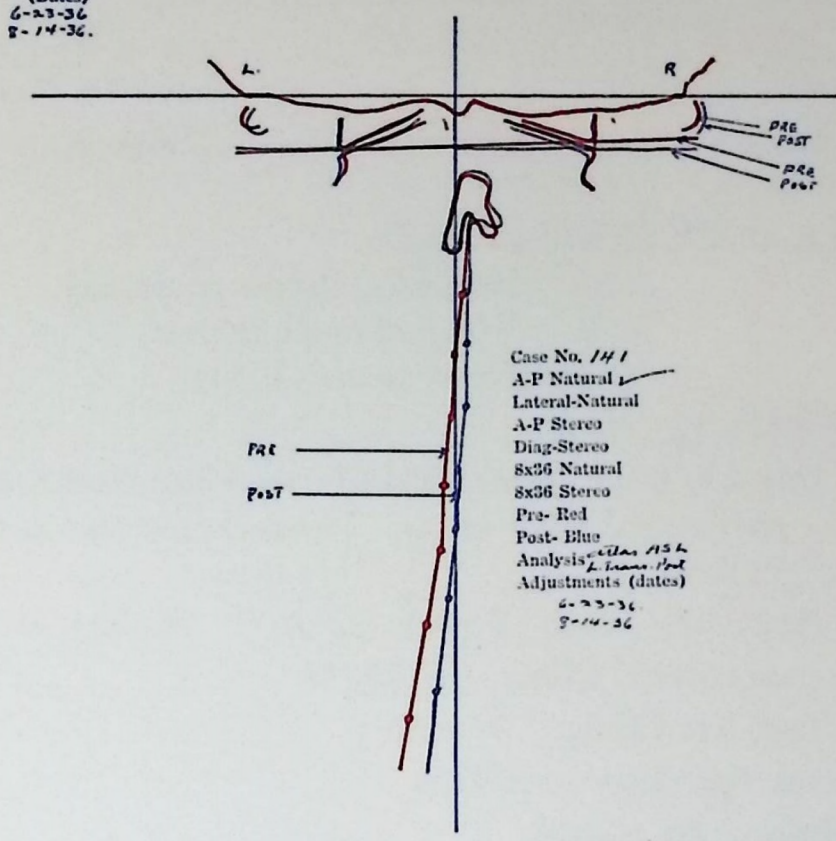
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 6-22-36 Case No. 141
and 9-4-36

Major: atlas ASL-L. Trans. Post.

Adjs. given:
(Dates)
6-23-36
8-14-36.



Case No. 141
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. Post
Adjustments (dates)
6-23-36
8-14-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

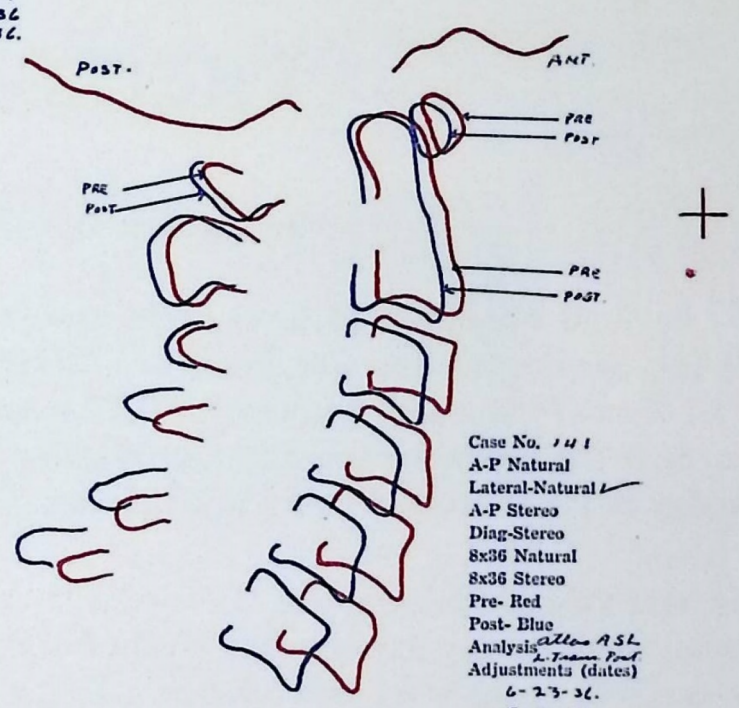
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 6-22-36 Case No. 141
and 9-4-36

Major: atlas ASL-L. Trans. Post.

Adjs. given:
(Dates)
6-23-36
8-14-36.



Case No. 141
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. Post
Adjustments (dates)
6-23-36.
8-14-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

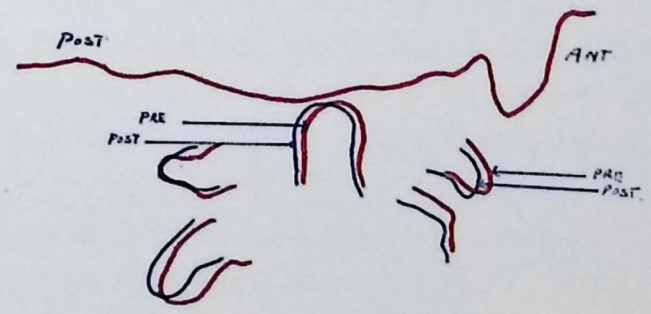
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R-film Spinos taken 6-22-36 Case No. 141
and 9-4-36

Major: atlas ASL-L. Trans. Post.

Adjs. given:
(Dates)
6-22-36
8-14-36



Case No. 141
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. Post
Adjustments (dates)
6-23-36.
8-14-36

CASE No. 143

Male Married Age 32
6/23/36

ENTRANCE COMPLAINTS:

1. Headache (upper occipital).
2. Worried much in past.
3. Nervous and flighty.

PRESENT ILLNESS:

July 23, 1935 began suddenly with heatstroke, after carrying a mattress on his head downstairs. Has been overheated a few times. Headache became permanent in about two weeks and now has a continuous pain in head.

Appetite — fair. Bowels 1-2 daily. Bladder — Nocturia 1. Sleep — Sound if not disturbed or excited.

Date case entered Clinic: 6/23/36
Date case left Clinic: 7/1/36
Interval, time lapse — 8 days
Analysis: Atlas ASL
Adjustments: 1
Dates: 6/24/36

PRECISION X-RAYS

By V. G. Coxon, D.C., Ph.C.
First Assistant Director, The B. J. Palmer Chiropractic Clinic

YOU have all had X-ray pictures taken and yet you do not, nor does anyone else, know just WHAT an X-ray is! X-ray IS so called because the "X" means unknown. It is the unknown ray and that remains a fact even today in these times of many scientific accomplishments.

New and valuable information is continually sought, and some day we may know what kind of RAY the X-ray is. Even though we don't know what it is, its proper USE has many wonderful and valuable uses, both in the various healing professions and in many commercial fields.

Discovery

THE principles of Chiropractic and of X-ray were discovered in the year 1895. Chiropractic was founded by D. D. Palmer in Davenport, while X-ray was founded by Prof. Roentgen, in Germany. Both of these sciences have progressed along the hard road of practical experience and scientific development, until today both are recognized throughout the civilized world.

The first X-ray picture EVER made of a human spinal column was taken by Dr. B. J. Palmer and his associates in 1910. It was not until that year that an X-ray machine was manufactured which had sufficient power to penetrate the spinal column, or go through the thickness of the body, necessary to make these pictures.

Immediately such a machine was made, Dr. Palmer ordered one, set up a complete X-ray laboratory in The Palmer School, and was quick to begin research along lines which were destined to revolutionize the practice of Chiropractic from a hit-and-miss method to one of exactitude and scientific precision.

As I press a button in our Modern Clinic X-ray laboratory today, and take pictures of our patients, noiselessly and automatically, my mind often turns back to the days when Dr. Palmer first started taking X-ray pictures of spinal columns. It must have been like starting out to an unexplored land, with no idea of what was ahead, probably not even having a starting point but just going out into the darkness somewhere, to find something.

It was in those days that dark and spooky looking rooms were used for this work; sparks and loud noises terrified patients; and in THOSE days it was a major event for anyone to have an X-ray picture taken.

But more than the inadequacy of these first crude machines, was the great problem of determining suitable technic for this work. It was, as I say, like starting out in the dark. It was purely a case of conducting long and tedious experimentation, trying to arrive at some standard by which some sort of a rule could be established. It was a question of stepping up voltage, cutting it down, increasing or decreasing not only the FORCE of the rays but the QUANTITY of them; and juggling many of the various combinations of technic possible with an X-ray machine. Then after reaching some kind of a standard, working from that point until proper X-ray pictures could be made. This was the great problem that confronted Dr. Palmer and his associates when

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

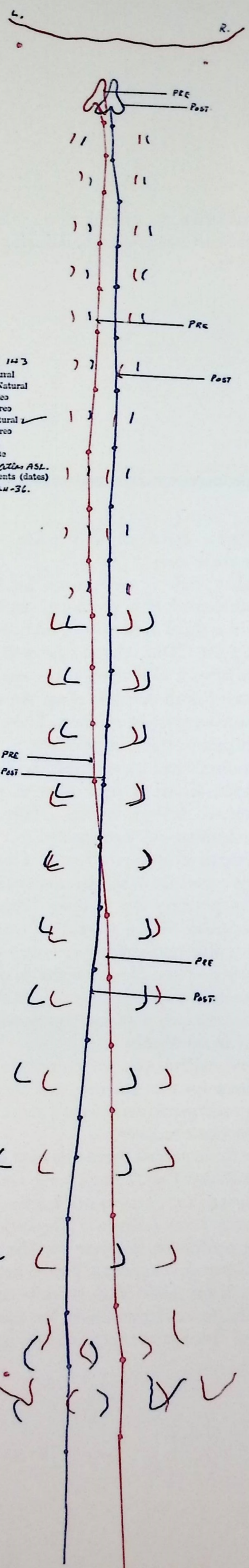
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

End. 1st 8x36 film, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 6-23-36 Case No. 143
and 7-1-36

Major: Atlas ASL

Adjs. given: (Dates)
6-24-36



Case No. 143
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL.
Adjustments (dates)
6-24-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

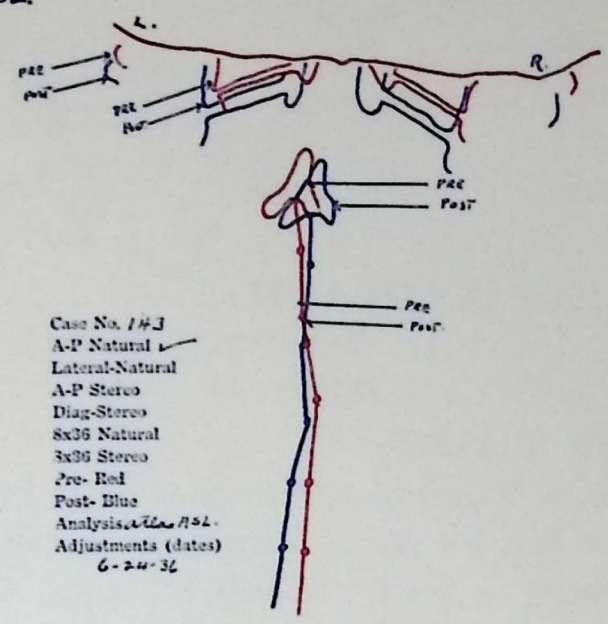
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End. entering date Disc. leaving date

Comparative graph between A-P Nat. spinographs taken 6-23-36 Case No. 143
and 7-1-36

Major: ASL.

Adjs. given: (Dates)
6-24-36



Case No. 143
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL.
Adjustments (dates)
6-24-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

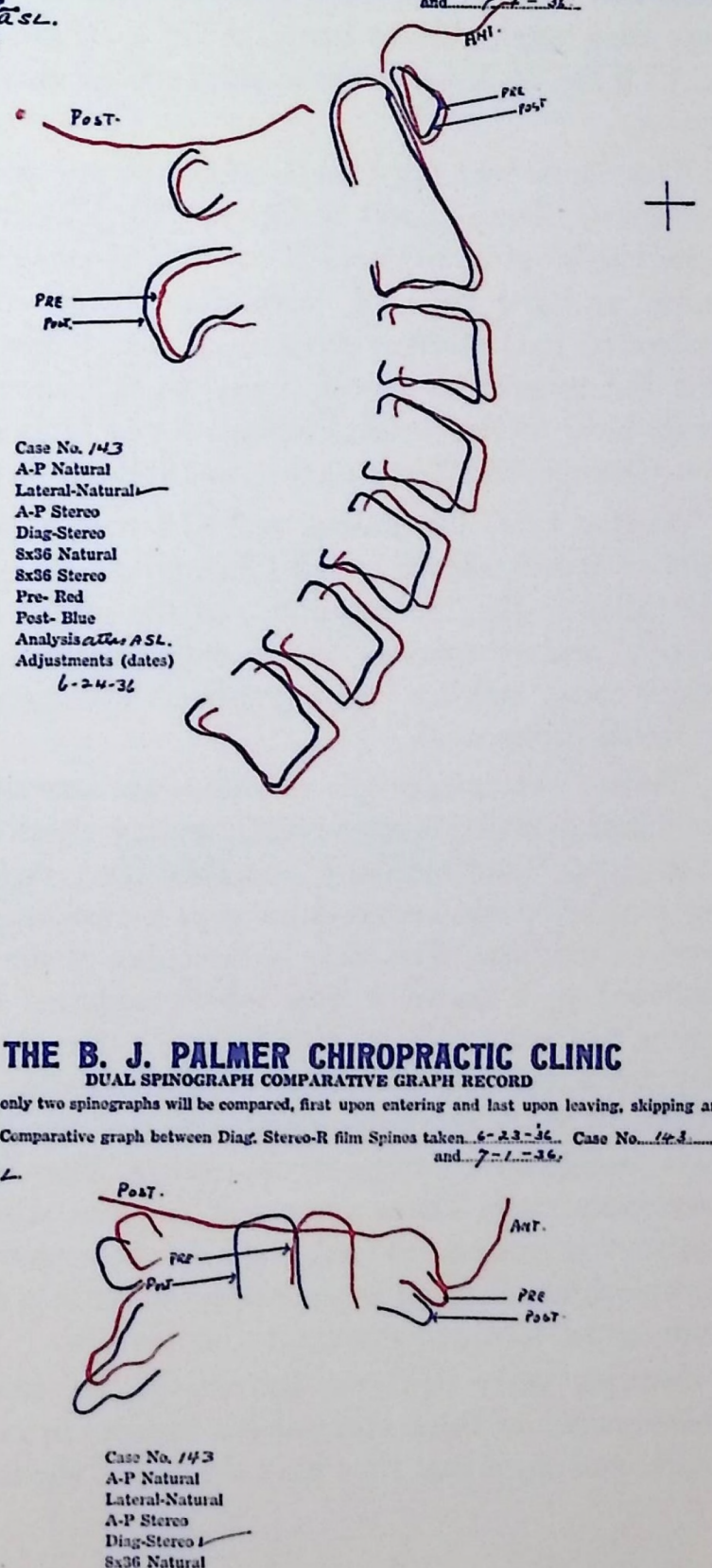
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End. entering date Disc. leaving date

Comparative graph between Lat. Nat. spinographs taken 6-23-36 Case No. 143
and 7-1-36

Major: ASL.

Adjs. given: (Dates)
6-24-36



Case No. 143
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL.
Adjustments (dates)
6-24-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End. entering date Disc. leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 6-23-36 Case No. 143
and 7-1-36

Major: ASL.

Adjs. given: (Dates)
6-24-36

Case No. 143
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
6-24-36

CASE No. 145

Female Single Age 29

6/25/36

ENTRANCE COMPLAINT:

1. Weak eyes. Muscular.
2. Menstrual cramps.

PRESENT ILLNESS:

Eyes — Wears glasses to read. Has had chronic Conjunctivial inflammation to granulation. Disturbed for past 3-4 years. Menstrual disturbance same as eyes as to time, and eyes are always bad during mensis.

Appetite — good. Bowels 1-2 daily. Bladder — Negative. Sleep — Wonderfully well.

Date case entered Clinic: 6/25/36
Date case left Clinic: 7/10/36
Interval, time lapse — 15 days
Analysis: Atlas ASR — right transverse posterior
Adjustments: 1
Dates: 6/26/36

---

they first introduced the X-ray in our profession.

It was only by exposing thousands of X-ray plates that they were able to bring about a STANDARDIZATION of X-ray technic in the Chiropractic profession.

This work was not only confined to our profession, but many X-ray plates made in The Palmer School were exhibited at national X-ray and electrical conferences, and the type of work done here was highly praised by men of other professions. The Palmer School was the pioneer in spinal X-ray work. Their laboratories have totaled several million X-ray films since the first Chiropractic X-ray picture in 1910.

At that time, Dr. Palmer coined a new word which applied specifically to spinal Chiropractic X-ray work. He called it the "spinograph," or the art of "spinography;" and an operator or one skilled in this work was and is today called a "spinographer." He is a specialist in spinal X-ray work.

Today, our spinograph machines are specially made for Chiropractic X-ray work. They are shock-proof to both patient and operator, and they are noiseless. The jumping of sparks across spark gaps is eliminated in the modern machine. The glass X-ray tubes of the past are enclosed in a metal casing which contains oil. The casing not only protects the delicate parts of the tube, but tends to eliminate some of the radiation of rays given off from the tube which are not the DIRECT rays used in the exposure of the patient. They are called secondary rays. There are many ways in which "secondary" rays are produced, but I do not wish to go into technicalities. The oil in the casing serves as a means of cooling the tube and insures it a longer life.

Several years ago, we introduced the use of the stereoscopic or third dimensional technic in our X-ray work, and since that time have developed the technic to a very high standard in spinal work. We are constantly researching along these lines.

It is LOGICAL to believe we can see MORE with three dimensions than with two, and more details CAN be ascertained from a third dimensional picture than an ordinary flat picture. The third dimension gives DEPTH in the picture; it is as though we were looking into an actual human skull or neck when we make out analysis from a stereoscopic set of films. These pictures are of very great value to the Chiropractor.

We have pioneered and developed in The B. J. Palmer Chiropractic Clinic a new method of X-ray posture measurements, known as the "Posture Constant in Precision Spinograph Technic."

These measurements enable us to make a permanent record of a patient's posture when he comes in the first day for his first or primary set of films. Then in two weeks when he comes in for his second, or comparative set of films, we are able to duplicate in every detail his sitting and standing posture. He can come in the fourth and sixth week, or in six months, a year, or two years from that time, and we can duplicate his posture exactingly and precisely in all details.

We have special calibrations on numerous parts of our X-ray equipment for this purpose, and these figures are copied on a special permanent record sheet and filed away with each patient's records.

The purpose of these precise measurements is to form a BASIS or FOUNDATION for a new and specialized ART in Chiropractic X-ray work known as "Subluxation-Adjustment X-ray Graphs." This new art was introduced to our profession last year for the first time in the history of X-ray development. Never before were graphs made from X-ray films. This work is necessarily confined to the Chiropractic profession for comparative measurements and changes of vertebrae or spinal segments.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

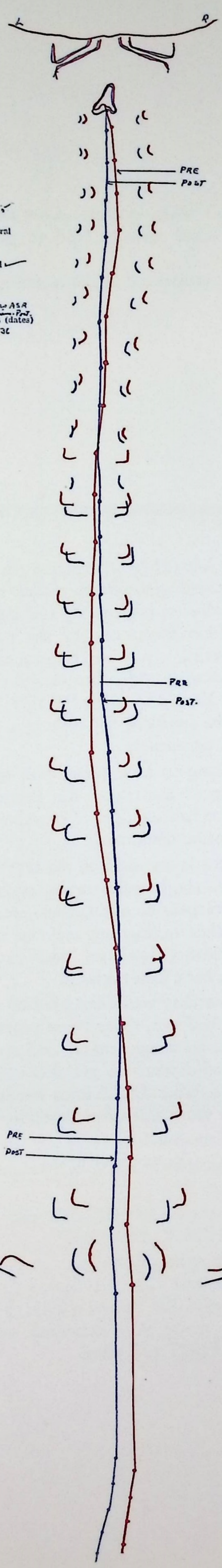
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Exam
Blue, 2nd Exam

Comparative graph between 8x36 film spinographs taken 6-25-36 Case No. 145
and 7-10-36

Major: Atlas ASR - R Trans Post

Adjs. given:
(Dates)
6-26-36



Case No. 145
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
6-26-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

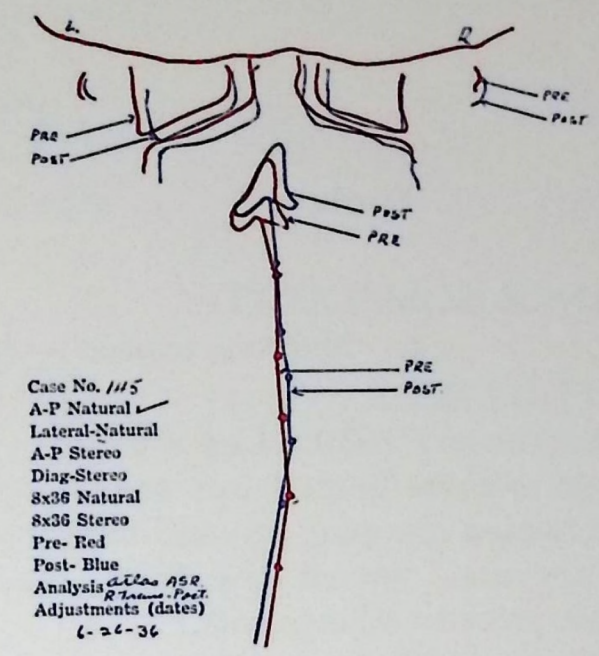
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 6-25-36 Case No. 145
and 7-10-36

Major: Atlas ASR - R Trans Post

Adjs. given:
(Dates)
6-26-36



Case No. 145
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
6-26-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

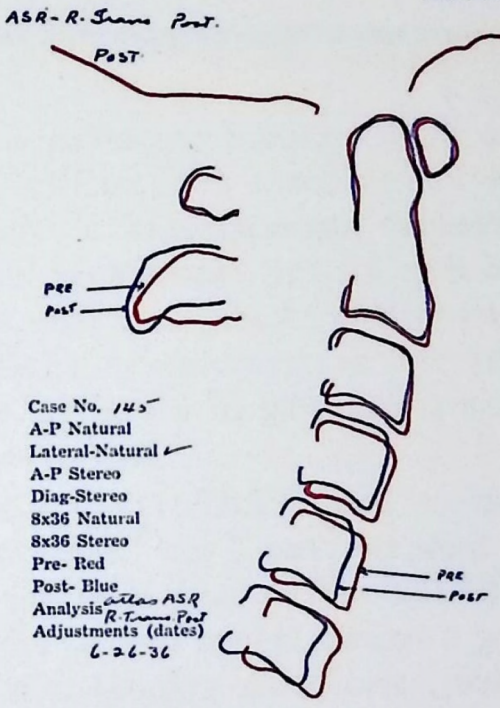
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 6-25-36 Case No. 145
and 7-10-36

Major: Atlas ASR - R. Trans Post.

Adjs. given:
(Dates)
6-26-36.



Case No. 145
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
6-26-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 6-25-36 Case No. 145
and 7-10-36

Major: Atlas ASR - R. Trans Post

Adjs. given:
(Dates)
6-26-36.

Case No. 145
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trans Post
Adjustments (dates)
6-26-36

CASE No. 146

Male Single Age 21 (Twin)

6/29/36

ENTRANCE COMPLAINT:

1. Nervous tension — feels under restraint.

PRESENT ILLNESS:

Began summer 1930. Lost interest in high school, and said couldn't make grades. Lost confidence and had to drive himself into mental work. No known cause. Gradual onset. Had to give up work. Adjusted one year ago and improved. Has lived with sister.

No appetite. Bowels, one daily. Bladder, negative. Sleep, OK but exhausted in the morning. (No sleep just prior to adjustments.)

Date case entered Clinic: 6/29/36
Date case left Clinic: 7/7/36
Interval, time lapse — 8 days
Analysis: Atlas ASR — right transverse anterior
Adjustments: 1
Dates: 6/30/36

Before we can make accurate graphs showing actual vertebral change of our cases, it is necessary to build these posture constant measurements of which I have just spoken; and it is for this reason that we go to so much trouble in properly placing our patients for the X-rays, and why we are continually copying down figures during the positioning of a case for X-ray pictures.

With the correct PLACEMENT of our patients every time they come into the X-ray laboratory, we are able to take a SERIES of films into the Graph Laboratory and by using a special lighted tracing table, special oiled tracing paper, and India colored inks, show in concrete, understandable, and MEASURABLE form, the exact and precise changes having taken place in the vertebra adjusted in the spine, and also the changes of contour, the straightening of curvatures, or LENGTHENING of spinal columns as a result of that specific adjustment at the top of the neck.

While the technic of TAKING spinographs or X-ray films of the spinal column has been perfected for many years, this is the FIRST time that actual changes in the vertebral position have been transferred to a means of clear-cut preciseness—and IT IS THE FIRST TIME WE HAVE BEEN ABLE TO BRING THESE VERTEBRAL CHANGES OUT OF THE FIELD OF PERSONAL OPINION INTO THE REALM OF SCIENTIFIC FACT.

Today, it is no longer a matter of any one man's opinion whether a vertebra has moved and how much, or whether it has not moved. The matter of opinion is overshadowed in this work by scientific methods of recording and mechanical comparison. That same idea is carried out in all departments of our Clinic.

The subluxation-adjustment X-ray graphs show changes in the spine in a clear-cut manner, which anyone can see for himself by comparing the various India ink colors representing the series of films compared.

It is the conclusion reached by the interpretation of X-ray films which forms one of the most important factors in delivering a precise and exacting adjustment necessary to restore health. You see why it is ESSENTIAL that our X-rays be taken PERFECTLY and that all details will be available for making a conclusion for the adjustment, or setment.

It IS interesting to look back upon the progress in X-ray development and upon the progress of Chiropractic—the two having climbed together the ladder of success, to scientific distinction.

X-ray units made and sold on the market are used to take one or two single radiographs, such as fractures, dislocations, prolapses of soft tissues, etc. Possibly at a later date, another radiograph may be taken to show fracture of dislocation has been "set," or stomach, etc., has been drawn back into position.

Far more than that was demanded to meet exacting requirements laid down. Over three years and $15,000 have been spent to design, make, and remake patterns and manufacture sections to get this unit do to ALL and EXACTLY what Dr. Palmer needed to produce the character of work this Clinic specified.

Dr. Palmer demanded:

1. that spinographs FOCALIZE to occipito-atlantal-axial region.
2. that spinographs be brilliantly clear in sharp detail WITHOUT distortion.
3. that entire spinographic sets A-P Natural (1); Lateral Natural (2); A-P Stereo (3-4); Diagonal Stereo (5-6); BP Stereo (7-8); 8 x 36 Stereo (9-10) be made to match each with the other with PERFECT precision.

(Sheet 7)

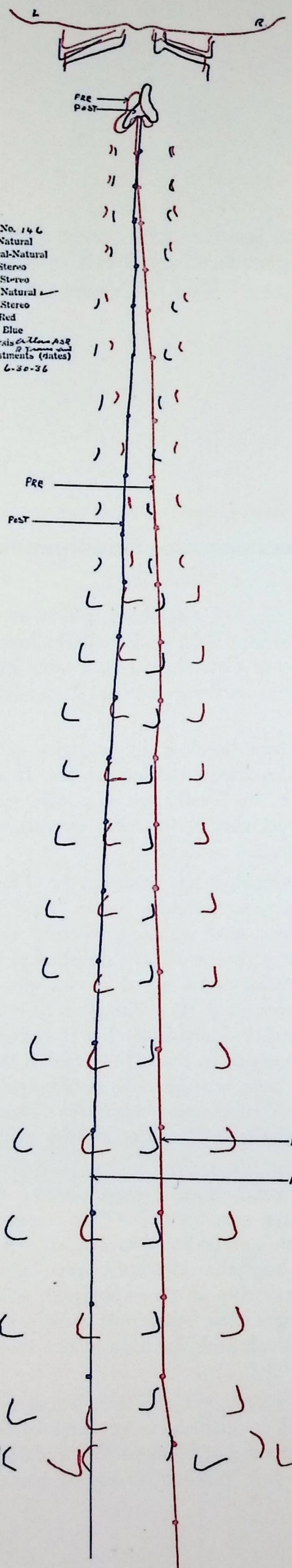
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 6-23-36 Case No. 146
and 7-7-36

Major: atlas ASR- R Trans. ant
Adjs. given:
(Dates)
6-30-36



Case No. 146
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans ant
Adjustments (dates)
6-30-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

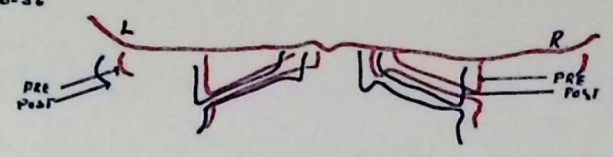
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

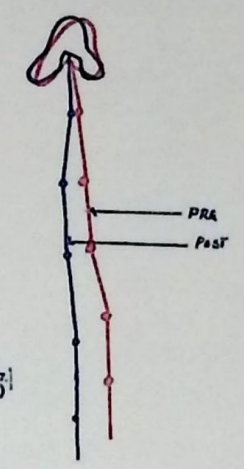
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 6-23-36 Case No. 146
and 7-7-36

Major:
Adjs. given: atlas ASR- R. Trans. ant
(Dates)
6-30-36





Case No. 146
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans ant
Adjustments (dates)
6-30-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

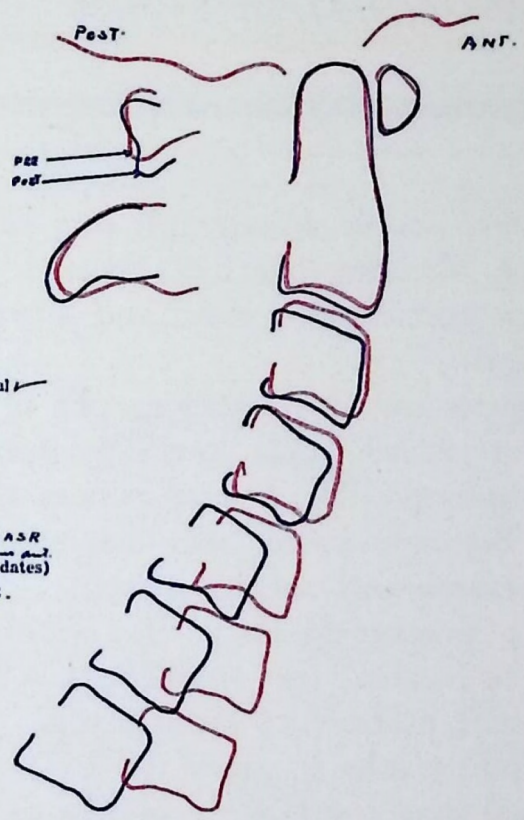
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 6-29-36 Case No. 146
and 7-7-36

Major: atlas ASR- R. Trans. ant.
Adjs. given:
(Dates)
6-30-36



Case No. 146
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. Trans. ant.
Adjustments (dates)
6-30-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

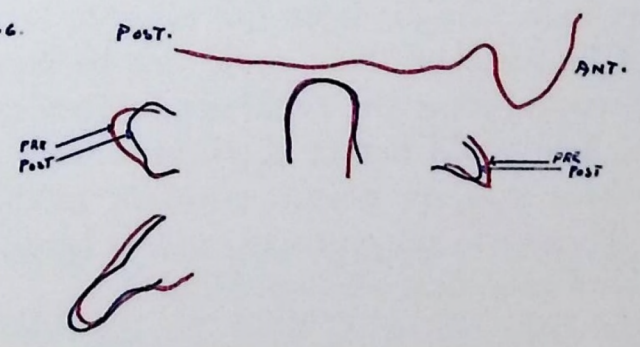
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 6-30-36 Case No. 146
and 7-7-36

Major: atlas ASR-R Trans ant
Adjs. given:
(Dates)
6-30-36



Case No. 146
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. Trans. ant
Adjustments (dates)
6-30-36

CASE No. 153

Female Married Age 41

7/15/36

ENTRANCE COMPLAINTS:

1. Headache.
2. Dizziness.
3. Nausea past three days.

PRESENT ILLNESS:

Headaches — always had off and on. In 1934, had severe attacks during period of four months spring and summer. Had adjustments and improved. At the present time, has headache about half of the time.

Appetite variable with headache. Bowels 1-2 daily. Bladder — Negative. Sleep — Varies with headaches. Dreams and more tired in morning than at bedtime.

Date case entered Clinic: 7/15/36

Date case left Clinic: 9/3/36

Interval, time lapse — 50 days

Analysis: Atlas AIR — right transverse anterior

Adjustments: 3

Dates: 7/15/36; 7/31/36; 8/10/36

---

4. that stereoscopic spinograph sets MATCH line for line, blending one into other without distortion, or portray true third and fourth dimension directions.
5. that entire set of 10 spinographs of one person, made at previous date, precisely match entire set of 10 spinographs of same person taken at later date. Before-and-after sets are required to perfectly match without distortion.
6. that a posture-constant be established which could be mechanically duplicated, wherein future sets match past sets of same person.
7. that spinographs so made would be so perfectly matched that overlapping graphs could be made which would be true to prove changes in segments subsequently existing as the result of action previously adjusted upon segments analyzed in spinographs.

Little of this was possible previous to manufacture of this X-ray unit. Graphs were not possible because sets could not be matched. Sets could not be matched because before-and-after sets could not be duplicated with precision. Sets could not be duplicated with precision because there was no posture-constant established or possible. There was no posture-constant because equipment did not exist that could produce it.

It is the only set of its kind, having been entirely hand-made, and we doubt if it will be duplicated. Skill exercised in daily use is second to none, for we doubt if any X-ray laboratory insists upon "every detail done must be just exactly right, at all times, on all cases." Spinographs taken under this system now established are painstakingly yet naturally postured, exposed, developed and interpreted.

This is, without question, the most precise and exacting X-ray unit constructed, assembled, and in use.

X-ray films reproduce light and dark shadows. The development of X-ray films should be a very exacting part of the process of securing internal X-ray information.

It is surprising how careless the majority of X-ray films are exposed, developed and interpreted. Hundreds of films sent here to be "read" are so poorly exposed, taken, and developed, that many times we cannot read them with any degree of accuracy.

As a further example of the accuracy used here, let me cite two instances: common water used in developer, hypo, rinse, and washing, usually contains many chemical elements, with no constancy, which makes no two developments equal at various times. These chemicals contained in ordinary water will so change the light and dark shadows that it changes the value of what is trying to be read. To establish the constant in our work here, we use only distilled water in our developer, hypo, rinse and wash baths. This maintains a constant of chemical value, always producing films of equal value.

Hot water in summer causes the gelatin to run; cold water in winter often sets it quicker than essential. To avoid these, we have installed two individual refrigerating units—one to cool the developer, hypo and rinse bath, keeping it constantly at 65° in summer, and room temperature in winter. The other unit chills a running water bath in the wash tank, keeping it at a fixed temperature.

X-ray technic is simple, yet exacting. To secure true pictures of internal conditions on an external film requires careful positioning of tube, patient and film. In a sense, taking an X-ray "picture" is similar to taking a

(Sheet 7)

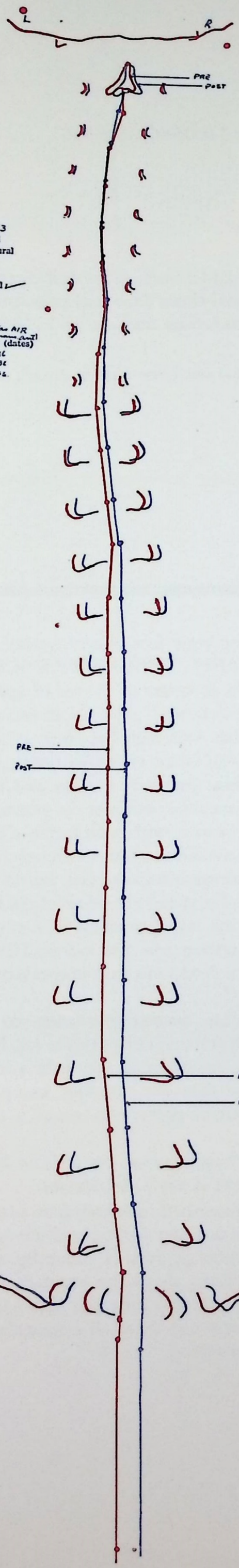
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 7-15-36 Case No. 153
and 9-3-36

Major: atlas AIR - R. Trans Ant.
Adjs. given:
(Dates)
7-15-36
7-31-36
8-10-36



Case No. 153
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas AIR R. Trans Ant
Adjustments (dates)
7-15-36
7-31-36
8-10-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

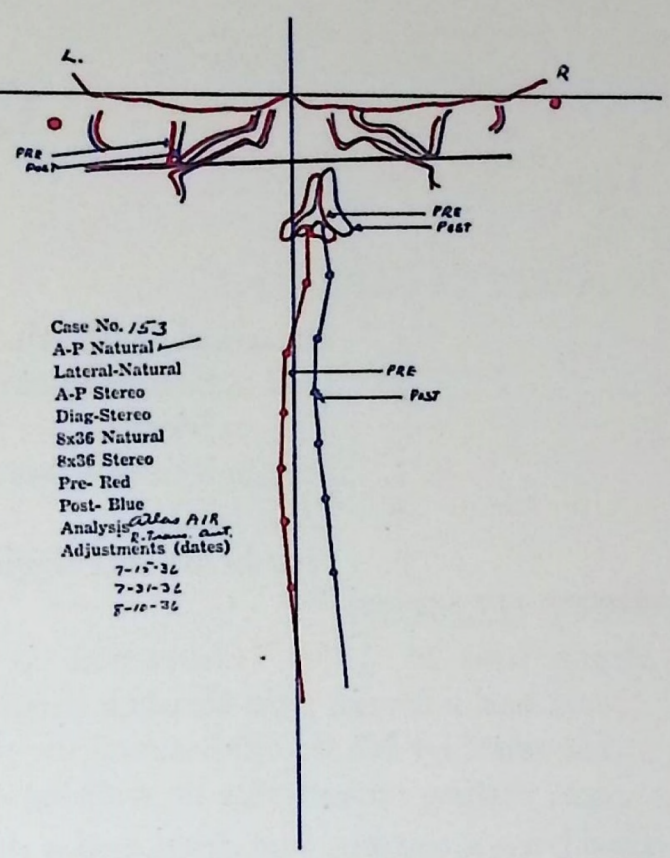
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 7-15-36 Case No. 153
and 9-3-36

Major: atlas AIR - R Trans Ant.
Adjs. given:
(Dates)
7-15-36
7-31-36
8-10-36



Case No. 153
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas AIR R. Trans Ant.
Adjustments (dates)
7-15-36
7-31-36
8-10-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

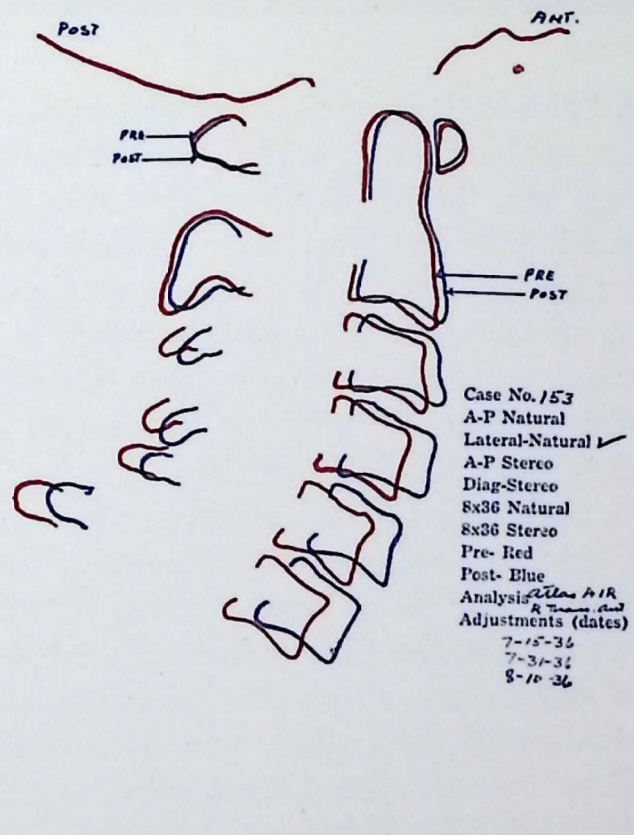
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 7-15-36 Case No. 153
and 9-3-36

Major: atlas AIR - R. Trans Ant
Adjs. given:
(Dates)
7-15-36
7-31-36
8-10-36



Case No. 153
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas AIR R. Trans. Ant
Adjustments (dates)
7-15-36
7-31-36
8-10-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

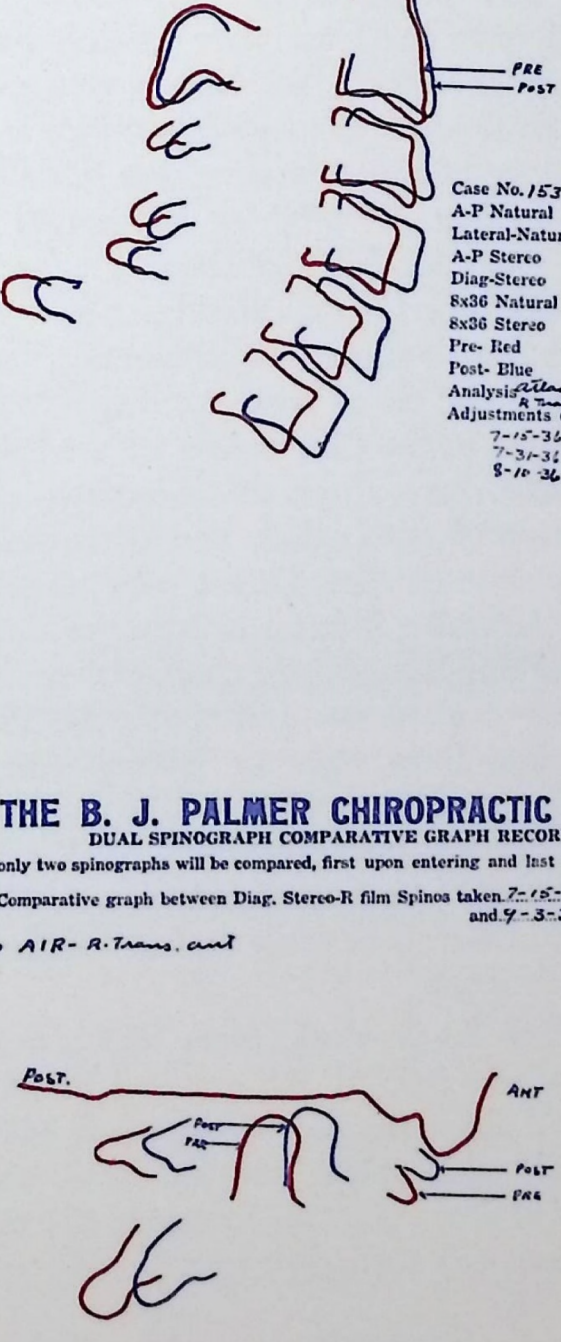
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 7-15-36 Case No. 153
and 9-3-36

Major: atlas AIR - R. Trans. Ant
Adjs. given:
(Dates)
7-15-36
7-31-36
8-10-36



Case No. 153
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas AIR R. Trans Ant
Adjustments (dates)
7-15-36
7-31-36
8-10-36

CASE No. 158

Male Married Age 52

7/27/36

ENTRANCE COMPLAINTS:

1. Shortness of breath.
2. Dull substernal pain — constant three days. Started suddenly and left suddenly.
3. Stomach been upset.
4. Tires easily.
5. Numbness and tingling in hands and has been in feet.

PRESENT ILLNESS:

Began June 26, 1936. Onset pain in arms, with shortness of breath and nausea. Smoked cigar in evening and had a severe pain through shoulder girdle and both arms. Lasted three days and pain severe enough for relief by M. S. Exhausted for period of two weeks. Unable to recline and sat up in bed. At present, resting on left side or walking causes pain over precordia.

Had been a smoker, but developed a sudden aversion to tobacco and has not been able to touch it.

Date case entered Clinic: 7/27/36

Date case left Clinic: 8/18/36

Interval, time lapse — 22 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 2

Dates: 7/27/36; 8/19/36

---

photograph "picture." In taking a photograph, if lens is offside, then farther side is slightly distorted by being out of focus, etc. There is this difference: in X-ray films, we read only shadows after having penetrated and passed through objects, so there is that possibility of distorting the shadow to make it produce something that isn't there, or eliminate that which is, or distort it to what isn't in fact. The taking of correct occiput, atlas and axis areas for HIO reading of atlas subluxation calls for tube target being directly on a straight line with nasal septum, occipital protuberance, center of odontoid process, and tip of posterior ring of atlas arch, and at right angles to the film, unless we are "shooting" for diagonal stereos, etc. From this direction, all will be in proper relation to each other, and whatever IS subluxated will be true on film. Direct tube target a fraction of an inch laterally, inferior or superior, off center, and it can and sometimes does change a wedge from right to left, or vice versa—and that's the difference between adjusting from right or wrong side making case better or worse. Naturally, where careless X-ray work is done, wrong interpretations of X-ray made, and case is adjusted wrong and gets worse, HIO as a principle and practice is at fault and is condemned because "it doesn't work."

In comparative X-ray work, from which graphs are made, duplicate sets MUST BE exposed PRECISELY and EXACTLY alike; the posture constant MUST BE a constant. Make this simple test. Sit down on a solid bottom chair. (a) Put your legs forward; (b) pull them back close to you; (c) turn your toes in; (d) turn them outward; (e) put your feet close together; (f) spread them apart and FEEL THE DIFFERENCE they make by comparison in contours of curves of spine. If X-ray technician is careless and pays no attention to where case puts his or her toes, legs, between one comparative set and another—in other words, permits toes, feet, and legs to be variables between one set and another and thus artificially creates variables in positions of contours of spinal column with adaptative changes above —then it is obvious X-ray pictures above could not and would not be a constant because you would be X-raying variables. Naturally, where careless variable posturing is permitted, wrong interpretations of X-rays are made, case is adjusted wrong and gets worse, HIO as a principle and practice is at fault and is condemned because "it doesn't work."

Permit your case, especially women, to come with high French heels for one comparative set, low military heels for another comparative set; with run-down heel on left or right shoe for another comparative set. Where is constant of posture to secure a constant for comparison?

For this and these reasons, we in The B. J. Palmer Chiropractic Clinic X-ray Laboratories:

(a) have a squared-off, marked, foot turn-table base —lettered one way and figured the other. Whatever position of feet is naturally assumed by case first time, that's the constant recorded on our charts for that case and that's the constant they are checked by at all future times as their constant posture.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

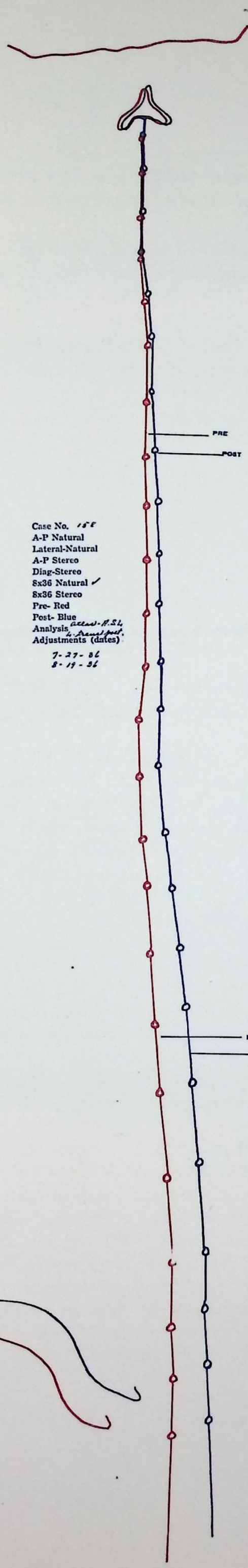
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Roll
Blue, 2nd Roll

Comparative graph between 8x36 film spinographs taken 7-27-36 Case No. 158
and 8-19-36

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
7-27-36
8-19-36.



Case No. 158
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.L. L. trans post.
Adjustments (dates)
7-27-36
8-19-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

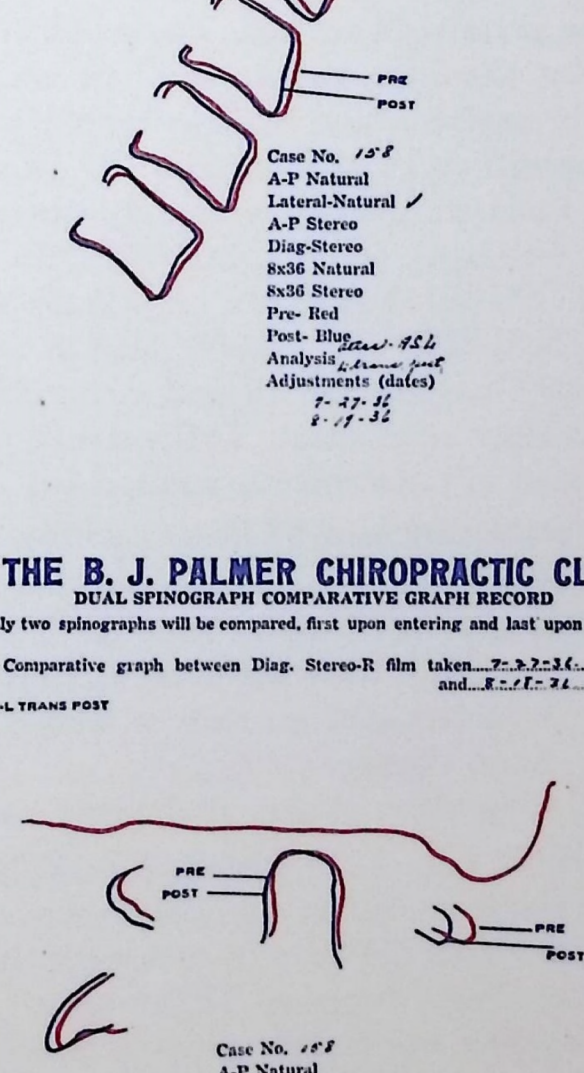
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 7-27-36 Case No. 158
and 8-19-36

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
7-27-36.
8-19-36.



Case No. 158
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.L. L. trans post
Adjustments (dates)
7-27-36
8-19-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 7-27-36 Case No. 158
and 8-19-36

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
7-27-36.
8-19-36.

Case No. 158
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.L. L. trans post
Adjustments (dates)
7-27-36
8-19-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

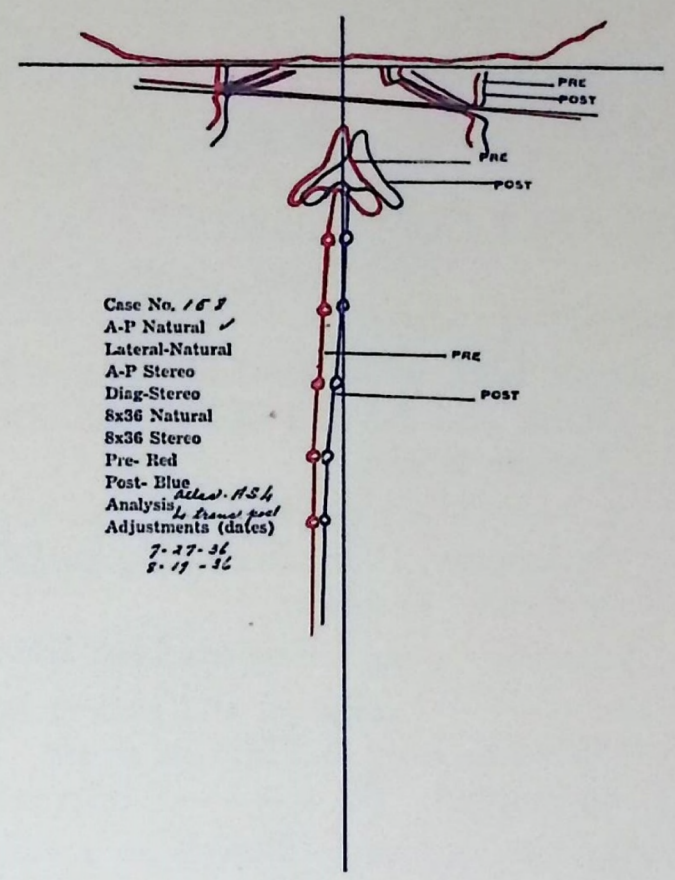
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 7-27-36 Case No. 158
and 8-19-36

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
7-27-36.
8-19-36.



Case No. 158
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.L. L. trans post
Adjustments (dates)
7-27-36
8-19-36

CASE No. 159

Male Single Age 31

7/28/36

ENTRANCE COMPLAINTS:

1. Pain on motion in right sciatic nerve.

PRESENT ILLNESS:

Began May, 1935, gradual onset with pain across small of back. Went to bed for two days and then to work, and did well all summer. Developed a head cold and cough in October, when pain in the back became worse.

Dr. ———— prescribed and also advised chamois skin across back. Improved as cold passed on. Worse in January, 1936 after lifting buckets of dirt. Took hot baths and pain left back and centered in thigh and calf. Posterior.

Adjusting by stretching machine and became worse.

Dr. ———— adjusted and patient had some relief but incomplete. X-rayed and adjusted four weeks. Went to work and became worse. Played baseball and was unable to move next day. Treated by lamp in hospital. Dr. ———— referred patient to this Clinic.

Appetite — Good. Bowels — 1 daily. Bladder — Negative. Sleep — Well.

Date case entered Clinic: 7/28/36

Date case left Clinic: 8/5/36

Interval, time lapse — 9 days

Analysis: Atlas ASL — left transverse anterior

Adjustment: 1

Dates: 7/29/36

---

in stocking feet, eliminating variables of high or low heels, run-down heels, to creep in.

Upon taking second comparative set, X-ray graph is made. This graph is added to after taking each subsequent comparative X-ray set. The graph is its own evidence. But there is another step we check. THOSE graphs are analyzed and broken down into a study of the transpositions of atlas or axis. To secure and keep such information directly at hand, where and when needed, we have a "COMPARATIVE X-RAY, MAJOR SUBLUXATION ANALYSIS, COMPARISON REPORT." This is filed in adjusting section of our Case File. If, as, and when called upon to deliver another adjustment, THIS report places before us additional information not secured any other way:

(a) comparative sets, by dates each comparative set reveals:

1. change of wedge from R. to L.
2. change of wedge from L. to R.
3. decrease or increase of wedge.
4. no change.
5. position of axis, if changed, and how.

This report, because of what it reveals, has occasionally kept me from giving an adjustment, even though NCM and NCG did present a distinct and sufficient "break" reading. Suppose NCM graph did reveal "break" reading and further suppose this report proves atlas major wedge HAS changed from wrong to correct position, or has decreased, WHY SHOULD I adjust it? Is it not correcting itself following former adjustment?

WHEN to adjust and WHEN NOT TO adjust is a vital question. We need as much knowledge on this question as any other. It is simple to say "When we have a 2-point break reading, or more, adjust. When it is less than a 2-point break reading, don't adjust." Other factors enter which modify and clarify this conclusion. If you had a 2-point break reading AND there WAS a vertebral subluxation, YOU WOULD adjust. If you had a 2-point break reading and there WAS NOT a vertebral subluxation, YOU WOULD NOT adjust. How to know when one is and other is not, needs sifting evidence, eliminating some factors, adding others; attaining constant in one case and subtracting variables in other.

Each two weeks our Clinic takes a comparative X-ray set. This is sent to graph laboratory where graph comparisons are made ON CONDITION OF VERTEBRAL SUBLUXATION. Is it better; is it worse; has wedge increased or decreased; is there "no change" in position? These are listed, after each graph comparison, on "Comparative X-ray, Major Subluxation Analysis, Comparison Sheet." This is then filed IN FOLDER WITH "Adjustment Department Records" on which are listed day, location, direction of each adjustment. Neither sheet is referred to UNTIL NEEDED. When is either "needed?" When time arrives for giving ANOTHER ADJUSTMENT. When

(Sheet 7)

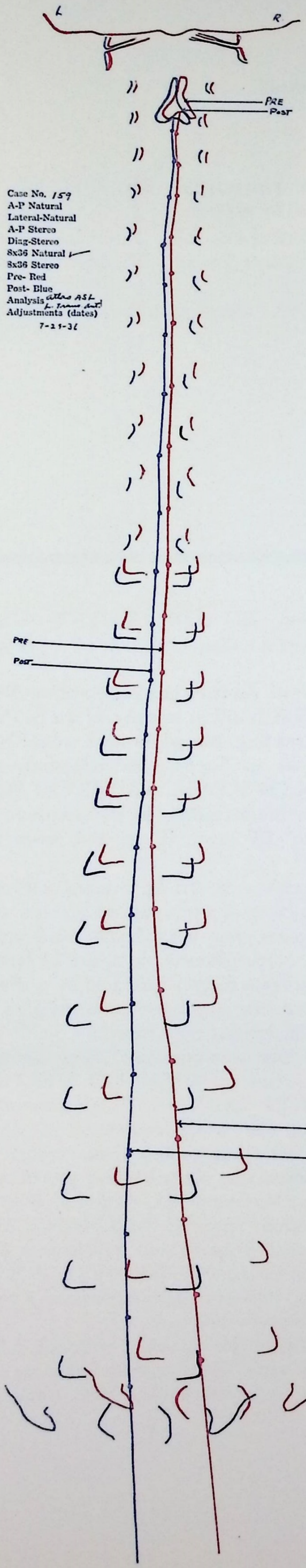
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 7-28-36 Case No. 159
and 8-5-36

Major: atlas ASL - L trans ant
Adjs. given:
(Dates)
7-29-36



Case No. 159
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. trans ant
Adjustments (dates)
7-29-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

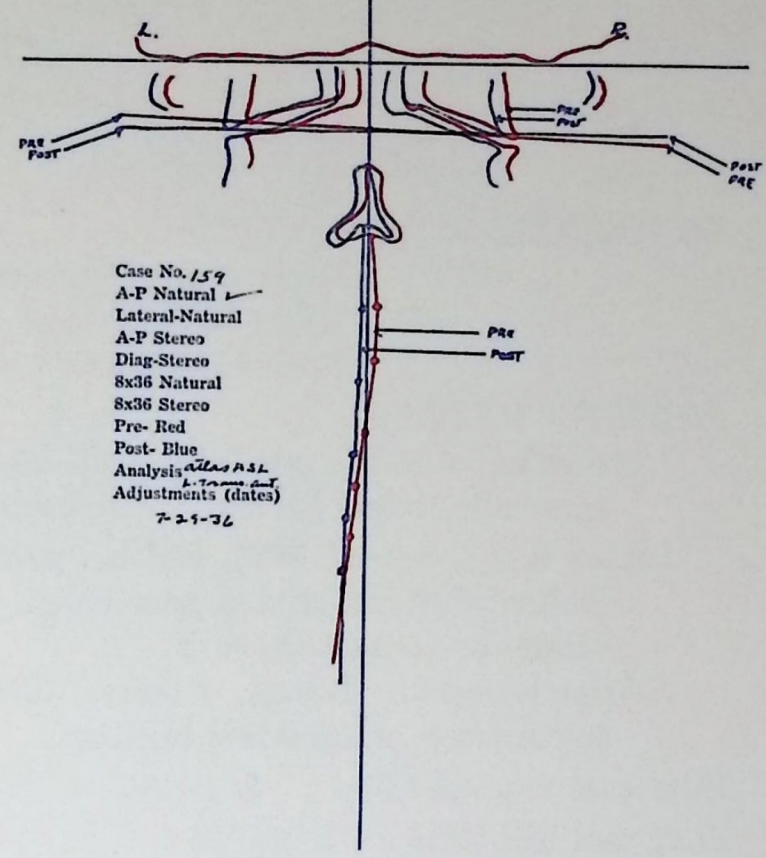
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 7-28-36 Case No. 159
and 8-5-36

Major: atlas ASL - L. Trans. ANT
Adjs. given:
(Dates)
7-29-36



Case No. 159
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. trans ant
Adjustments (dates)
7-29-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

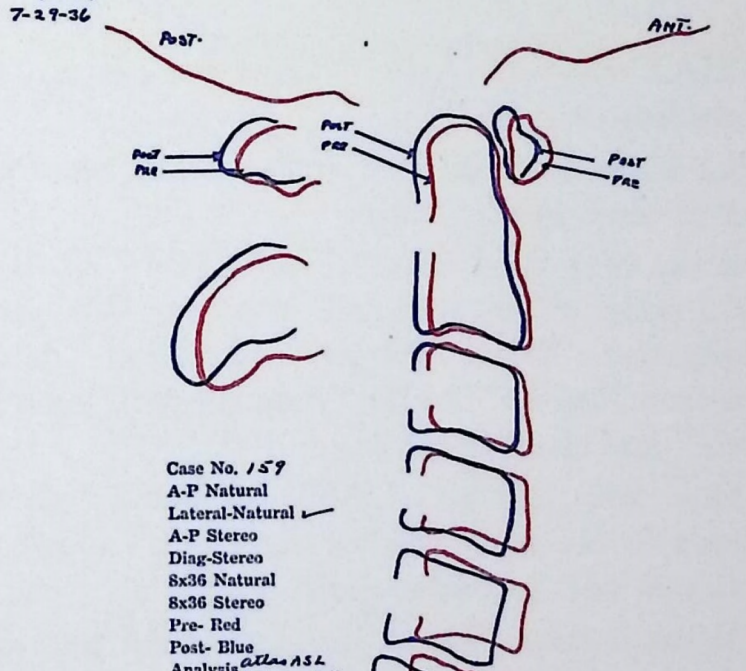
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 7-28-36 Case No. 159
and 8-5-36

Major: atlas ASL - L. Trans. ant.
Adjs. given:
(Dates)
7-29-36



Case No. 159
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. ant.
Adjustments (dates)
7-29-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 7-28-36 Case No. 159
and 8-5-36

Major: atlas ASL - L. Trans. ant.
Adjs. given:
(Dates)
7-29-36.

Case No. 159
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. ant.
Adjustments (dates)
7-29-36

CASE No. 162

Male Married Age 44

8/14/36

ENTRANCE COMPLAINTS:

1. Right eye — distinguish light and dark only. No detail.
2. Right ear — partial deafness.
3. Rash inner portion of left thigh. Dry and itches.

PRESENT ILLNESS:

Never knew of eye condition until attempting to do stereo work in spinography. Ear, 1934, fall, began gradually to lose hearing. At present about fifty per cent estimated by patient.

Rash first appeared 1927, and has partially disappeared and reappeared at intervals. Never leaves entirely. Itches when warm and perspiring. Not transmissable as far as patient knows. No other members of family or contacts have it.

Appetite, good. Bowels, 1 daily. Occasionally, 2. Bladder, negative. Sleeps soundly. Most interested in recovery of sight and hearing.

Date case entered Clinic: 8/14:36

Date case left Clinic: 8/26/36

Interval, time lapse — 12 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 8/15/36

---

has THAT time arrived? "When we get a 2-point break reading or more."

What happens when day arrives when we DO get 2-point or more break reading?

Case has been read with NCM-NTP-NCG. Record shows 2-point or more break reading. We get out "Comparative X-ray, Major-Subluxation Analysis, Comparison Report" AND "Adjustment Department Records," and check following:

1. How long ago was LAST adjustment given? Is today's necessity close or far away enough to be safe in not over-adjusting?
2. What is time element in relationship between today's necessity and last graph report on our "Analysis, Comparison Sheet?" Is time between close or several days or 2 weeks between?
3. Is vertebral subluxation corrected? Has it increased or decreased? Has it moved from wrong to right direction; from right to wrong direction? Is there a "No change" in position?

If "Analysis, Comparison Report" shows that last graph proves THERE IS A DECREASE IN WEDGE, or NO WEDGE, why SHOULD WE adjust? Objective to take OUT wedge or to CONTINUE CORRECTION has been accomplished, thus no bony occlusion, no bony pressure, no bony interference. Graph record SHOWS BONY SUBLUXATION HAS BEEN CORRECTED. Why then adjust? You answer, and rightly so, "There is a 2-point or more break reading." I admit this factor, but also reiterate the other factor that THE VERTEBRAL SUBLUXATION HAS BEEN CORRECTED. In such a situation, NO ADJUSTMENT WILL BE GIVEN notwithstanding existence of 2-point break reading.

On the reverse, suppose last comparative X-ray set shows AN INCREASE in wedge and we HAVE NO 2-point break reading. No adjustment would bc given until such shows up. Suppose last comparative X-ray set shows AN INCREASE and WE DO HAVE a 2-point or more break reading. In such event an adjustment WOULD BE given if, as, and when reading appears.

No such conclusions can be reached without first setting up every step of a program such as we use here. You cannot guess; you must know—and you can't know without every phase of development leading up to that definite knowledge. This acts as a check and curbs our efforts one step more on keeping us in line with doing right thing at right time.

I anticipate your next question: "How can we have 2-point break reading WITH NO VERTEBRAL SUBLUXATION EXISTING?" We remember another phase of our work—frequency of additional inflammatory soft tissue callous pressure surrounding spinal cord constricting occlusion and producing pressure as well as interference. Correction of BONY vertebral subluxation removed MECHANICAL OSSEOUS occlusion, pressure and interference but this did not remove CALLOUS GROWTH SOFT TISSUE occlusion, pressure and interference internal to bony vertebra surrounding cord.

Briefly reviewing this question, although fully covered in another work: First symptom following creation of subluxation is inflammation. Heat swells tissue.

(Sheet 7)

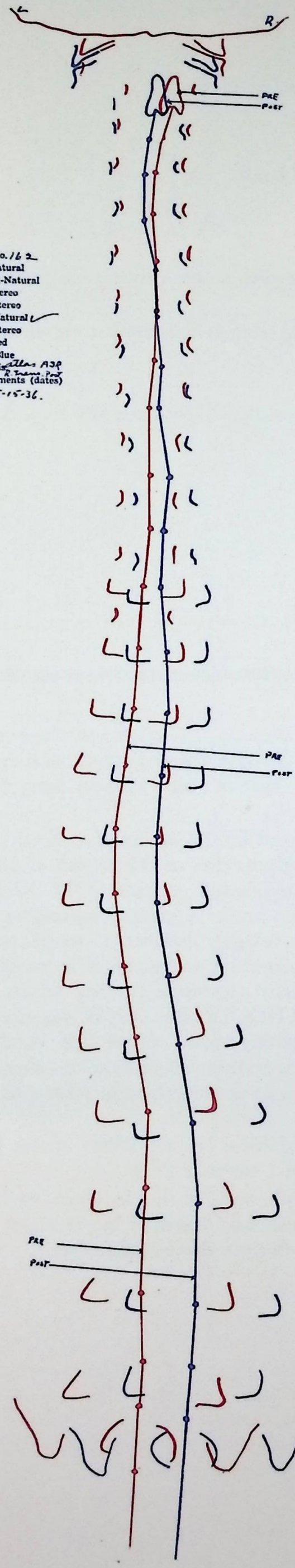
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-14-36 Case No. 162
and 8-26-36

Major: atlas ASR- R. Trans. Post.
Adjs. given:
(Dates)
8-15-36



Case No. 162
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans. Post
Adjustments (dates)
8-15-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

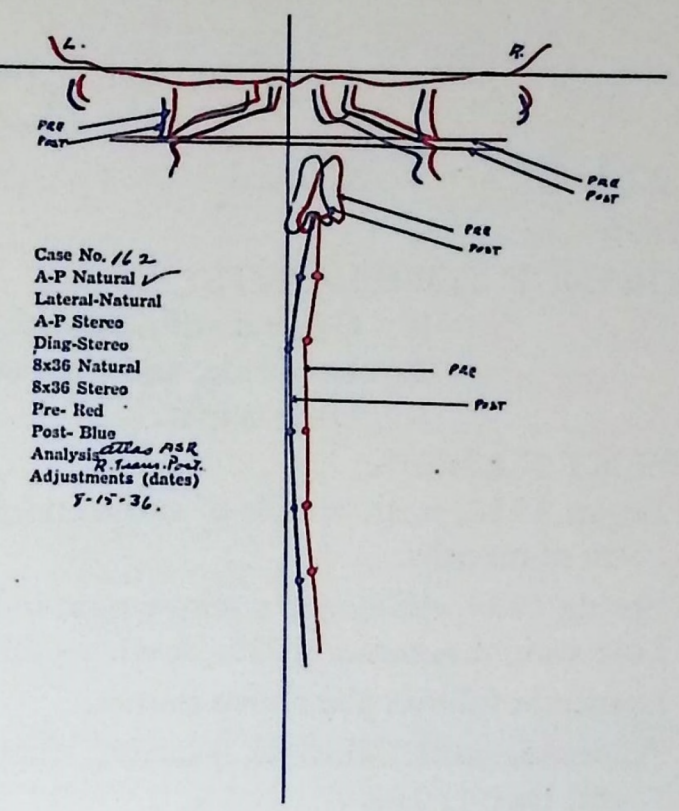
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-14-36 Case No. 162
and 8-26-36

Major: atlas ASR- R. Trans. Post.
Adjs. given:
(Dates)
8-15-36.



Case No. 162
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans. Post.
Adjustments (dates)
8-15-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

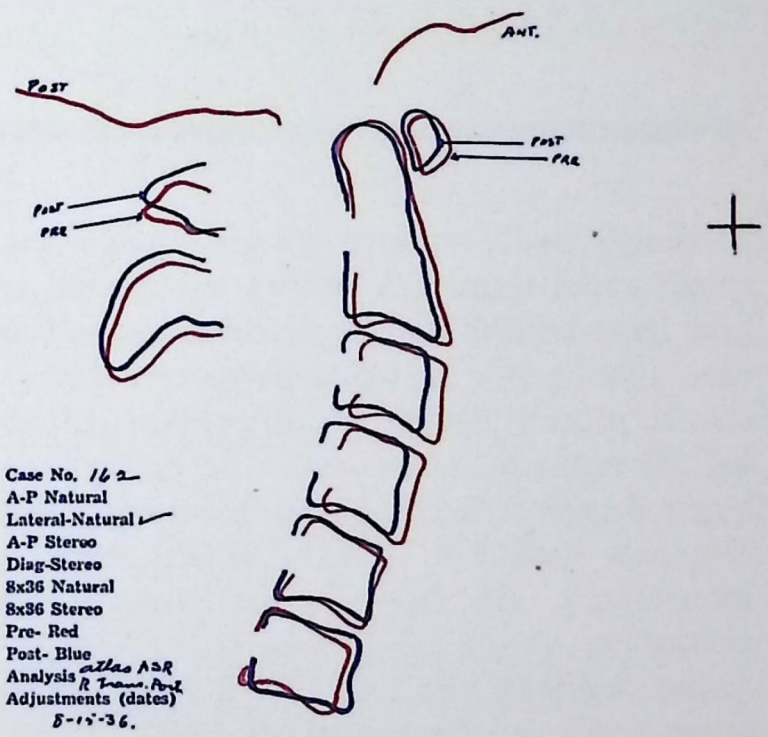
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-14-36 Case No. 162
and 8-26-36

Major: atlas ASR- R. Trans. Post.
Adjs. given:
(Dates)
8-15-36.



Case No. 162
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans. Post
Adjustments (dates)
8-15-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

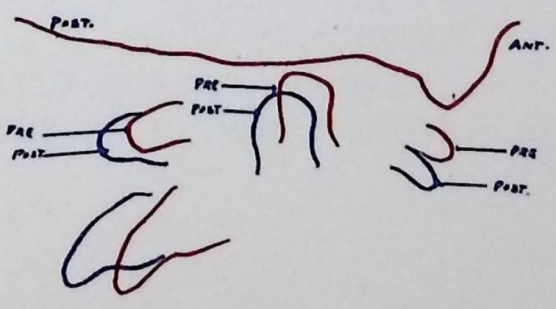
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 8-14-36 Case No. 162
and 8-26-36

Major: atlas ASR- R. Trans. Post.
Adjs. given:
(Dates)
8-15-36



Case No. 162
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans Post
Adjustments (dates)
8-15-36.

CASE No. 165

Male Married Age 47

8/17/36

ENTRANCE COMPLAINTS:

1. General stiffness with pain on motion, both muscles and joints.
2. Lassitude, and tires easily.
3. Lost weight.

PRESENT ILLNESS:

Began 1932, with attack of ptomaine poisoning. Backache and stiffness with severe neuritis for period of three months.

Spring 1934, developed a severe pain in back lifting and has never been free from pain in lumbar region since.

Lost weight summer 1935, down to 125 lbs. Normal weight is 145 lbs.

Lassitude follows the above events.

Appetite, good. Bowels, 1 daily. Bladder, smarting and burning occasionally. Sleeps soundly to 4 A.M. and then restless.

Date case entered Clinic: 8/17:36

Date case left Clinic: 8/28/36

Interval, time lapse — 11 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 2

Dates: 8/18/36; 8/28/36

Meninges swell, squeeze inward, then outward, filling spinal canal tightly. Vertebra subluxated creates friction from motion of one vertebra around another. Innate Intelligence builds a protective layer of callous skin to protect against and to prevent rubbing or wearing. Eventually when acute fever becomes chronic, larger degree of swelling goes down but callous remains. We now have TWO KINDS of occlusion, pressure, interference, viz., bony or mechanical; soft tissue or callous.

Incipiency of any case (BUT NOT ALL) includes break readings of mechanical AND callous pressures, assuming callous pressure is present. Adjustment of mechanical pressure releases bony pressure but leaves soft tissue callous constriction pressure. Time and Innate alone can break down callous pressure. With wedge gone, bony or vertebral mechanical pressure does not exist. When there is a 2-point or more break reading existing WITH NO WEDGE VERTEBRAL SUBLUXATION EXISTING, we still can and sometimes do have a callous pressure reading WITH NO NECESSITY FOR VERTEBRAL ADJUSTMENT. To discriminate between one and other was the purpose of checking further curbs or over-adjusting with system of inter-relationship between labs as used here, as described.

Information released by NCM graphs, X-rays and their graphs, plus information of this report, definitely proves that atlas does change position FOLLOWING adjustment; and then begins a gradual rebuilding process of muscles, cartilages, ligaments, intervertebral discs, etc., which permits it to assume a more or less persistently permanent apposition, during which process nothing more SHOULD BE DONE via so-called "adjustment." Anything done under this condition then (which does not apply to all cases alike—therefore the report) would be to do something at wrong time in wrong way.

We attach one of these reports which shows form used. (See cut No. 1 on page 76.)

Getting sick people well is simple when variables have been thought out and constant is practiced, and carefully and consistently followed thereafter.

(Sheet 7)

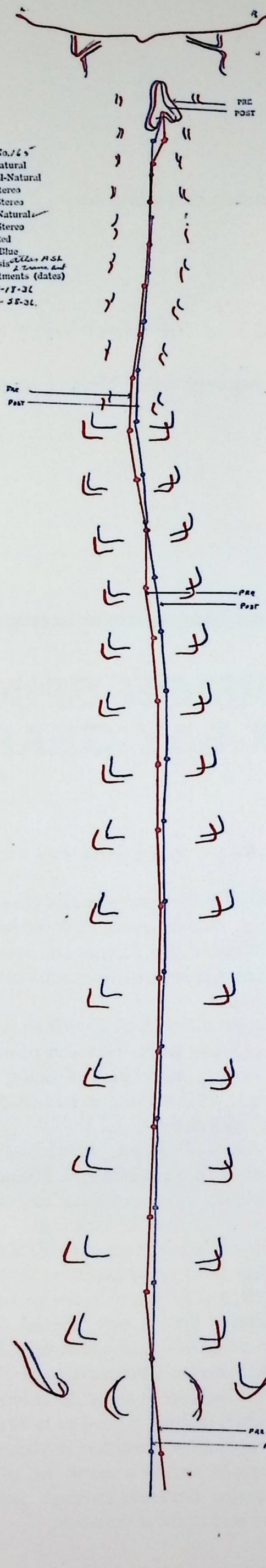
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Refl. Blue, 2nd Refl.

Comparative graph between 8x36 film spinographs taken 8-17-36 Case No. 165
and 8-28-36

Major: atlas ASL - L. Trans. ant.
Adjs. given:
(Dates)
8-18-36
8-28-36



Case No. 165
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. ant.
Adjustments (dates)
8-18-36
8-28-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

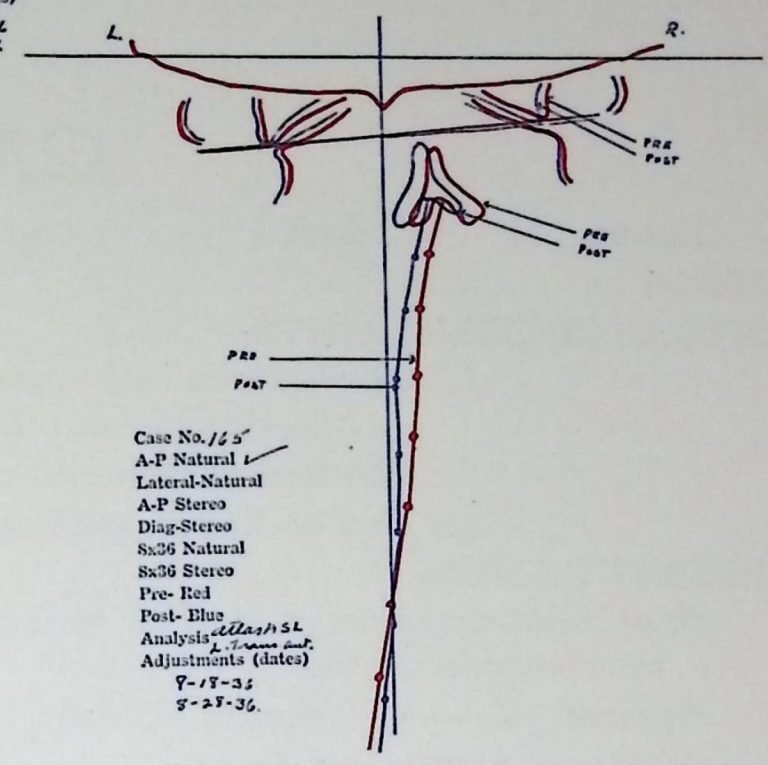
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-17-36 Case No. 165
and 8-28-36

Major: atlas ASL - L. Trans. ant.
Adjs. given:
(Dates)
8-18-36
8-28-36



Case No. 165 ✓
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. ant.
Adjustments (dates)
8-18-36
8-28-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

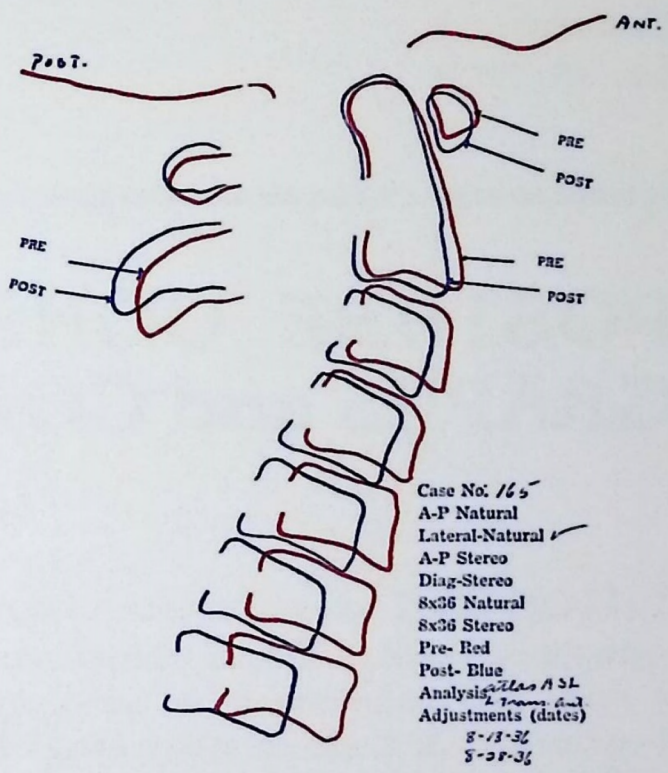
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-17-36 Case No. 165
and 8-28-36

Major: atlas ASL - L. Trans. ant.
Adjs. given:
(Dates)
8-18-36
8-28-36.



Case No. 165
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. ant.
Adjustments (dates)
8-18-36
8-28-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

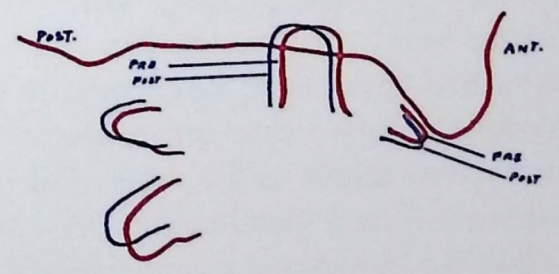
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

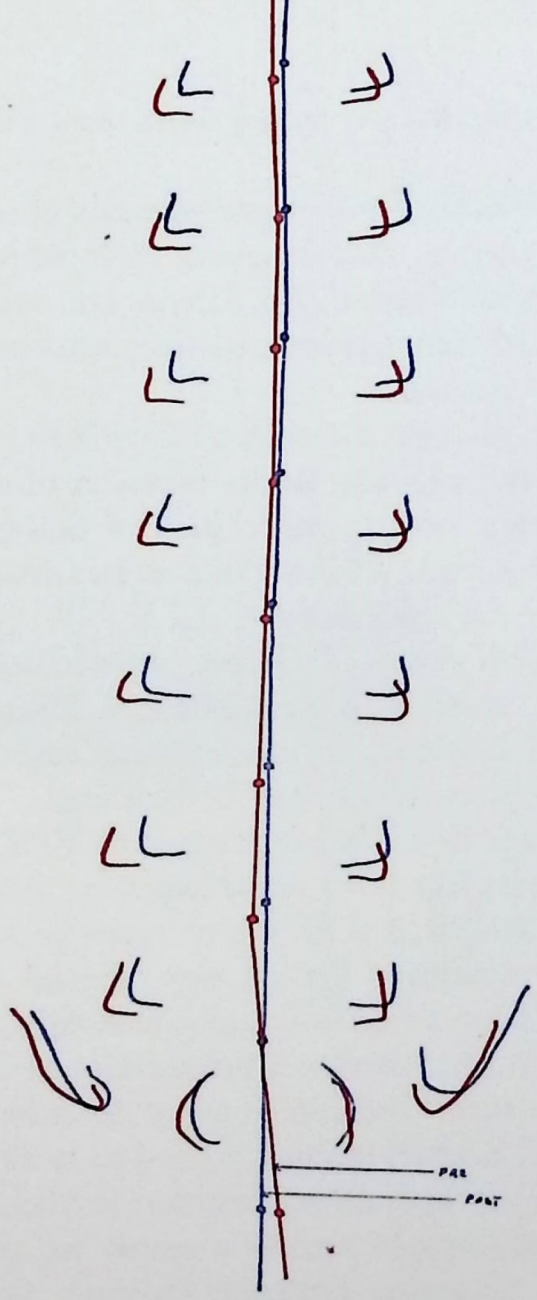
Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 8-17-36 Case No. 165
and 8-28-36

Major: atlas - L. Trans. ant. ASL
Adjs. given:
(Dates)
8-18-36
8-28-36



Case No. 165
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. Trans. ant.
Adjustments (dates)
8-18-36
8-28-36



CASE No. 167

Femade Married Age 44

8/21/36

ENTRANCE COMPLAINTS:

1. Numbness in back of neck. Eyes involved. Sensation of pulling on inside Cranium. Difficult to get comfortable.
2. Shortness of breath on exertion. Heart pounds.
3. Feet swell, burn and hurt.

PRESENT ILLNESS:

Short breath past three years. Feet swell and burn. Patient has held head (for twenty years) to left side from bump in car top.

Appetite, ————. Bowels, 1-2 daily. Bladder, negative. Sleep, not very well. Neck is uncomfortable.

Date case entered Clinic: 8/21:36

Date case left Clinic: 8/29/36

Interval, time lapse — 8 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 1

Dates: 8/22/36

POSTURE CONSTANT PRECISION SPINOGRAPHS and COMPARATIVE X-RAY GRAPHS

By V. G. Coxon, D.C., Ph.C.

DEVELOPMENT of subluxation-adjustment X-ray graphs in The B. J. Palmer Chiropractic Clinic last year made new requirements in spinographic technic and equipment. It made necessary establishment of A POSTURE CONSTANT and this in turn required special precision spinograph equipment with which to establish and build the posture constant for each individual case.

While the subluxation-adjustment X-ray graphs lead into an entirely new field, so also did Posture Constant which forms basis or foundation for graphs. This NEW work has never been attempted in the history of X-ray in this or any other profession. We have developed what we might call a new and specialized art in the taking of and comparison of spinographs, so much so that we have gone to considerable expense and effort to build special, precise equipment exclusively for this purpose.

Clinic Procedure

IT is necessary first to explain that in The B. J. Palmer Chiropractic Clinic, each case is spinographed every two weeks. We would prefer to spinograph them once each week, the same as all other comparative examinations, but this does not give sufficient time for the body to dissipate accumulation of X-rays from one set of spinographs to next. As a result, we are forced to limit our comparative spinographs to once every two weeks.

The PRIMARY set of spinographs consists of complete HIO set, ie., A-P Natural, A-P Stereo, Diagonal Stereo, Lateral Natural, BP Stereo, and in addition full length 8 x 36 stereo spine pictures, making a minimum total of 10 pictures.

If special pictures are required, such as pelvis, lateral lumbar or dorsal, soft tissue pictures of stomach, intestines, lungs, or any other part of body, we take as many as required. This service is included in the all-inclusive fee for the Clinic.

The COMPARATIVE set, which we take every two weeks, consists of A-P Natural, Diagonal Stereo, and Lateral Natural, and in addition any special comparative pictures which may be required.

When case is discharged, we take FINAL set consisting of complete HIO set as listed for Primary Spinograph, full length 8 x 36 stereo spine pictures, and in addition a complete set of any special films which might have been taken when case entered Clinic.

In all pictures, whether Comparative or Final, Spinograph Exposure Technic Record is referred to and EXACTLY SAME technic is used as in Primary set of X-rays. We do not allow variation in technic of Comparative Spinographs and as a result we eliminate any variable of changing densities through fluctuation of exposure technic and make it constant.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

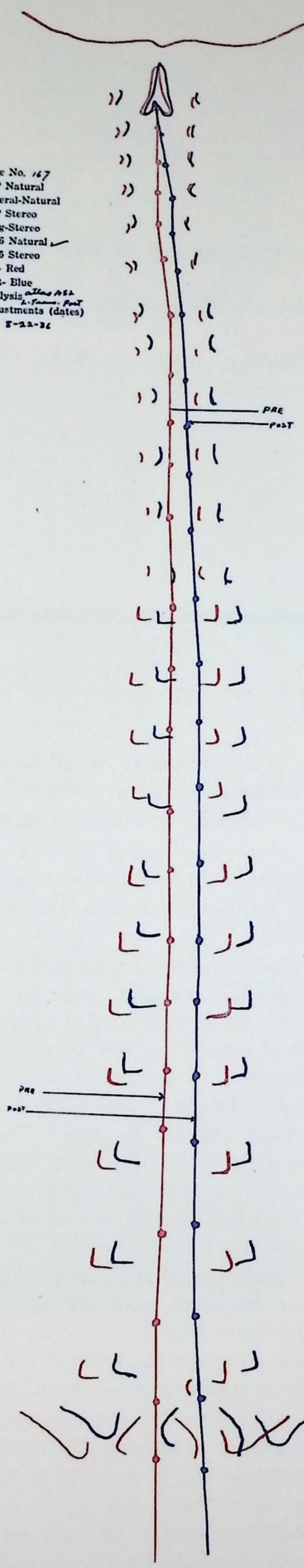
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 5-21-36 Case No. 167
and 5-21-36

Major: atlas ASL-L Trans. Post

Adjs. given:
(Dates)
5-22-36



Case No. 167
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L-Trans. Post
Adjustments (dates)
5-22-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

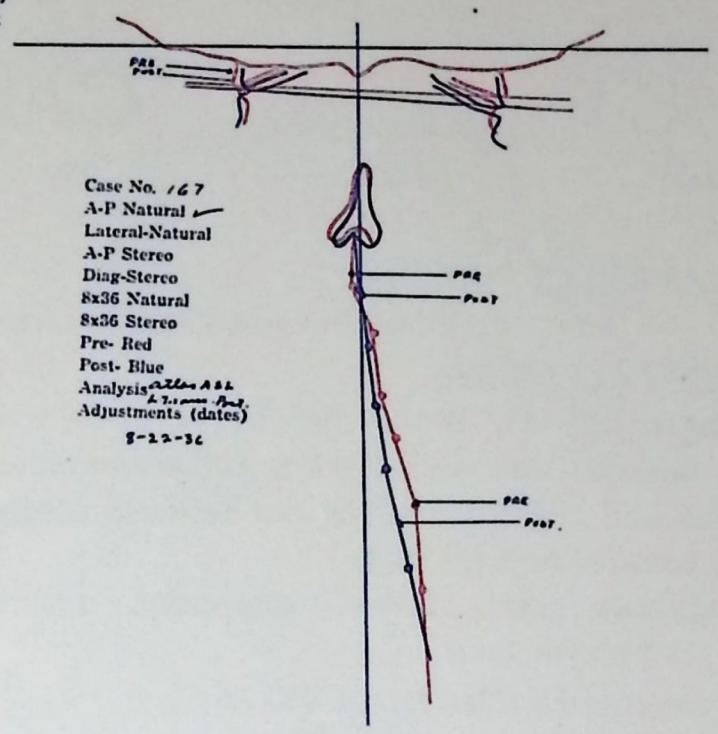
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 5-21-36 Case No. 167
and 5-22-36

Major: atlas ASL. L-Trans Post.

Adjs. given:
(Dates)
5-22-36



Case No. 167
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L-Trans. Post
Adjustments (dates)
5-22-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

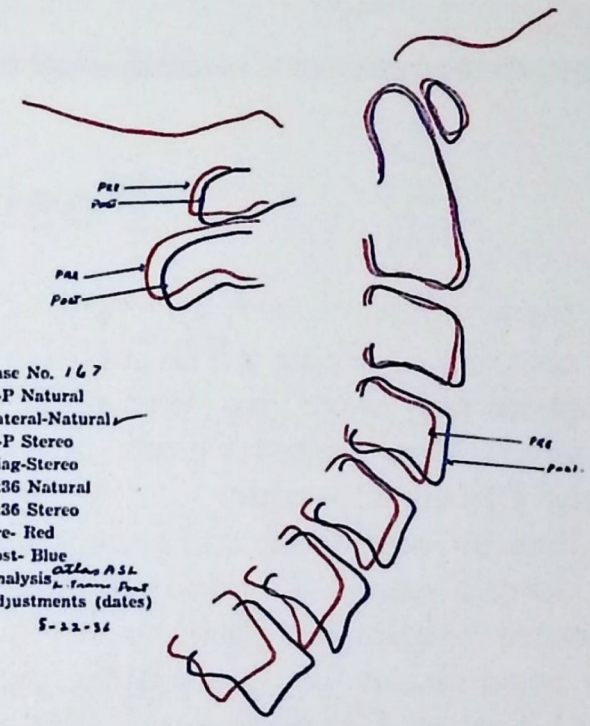
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 5-21-36 Case No. 167
and 5-22-36

Major: atlas ASL. L. Trans Post.

Adjs. given:
(Dates)
5-22-36



Case No. 167
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L-Trans. Post
Adjustments (dates)
5-22-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

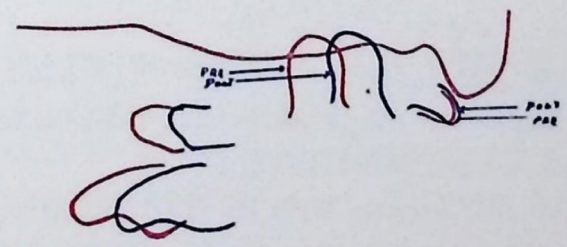
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spines taken 5-21-36 Case No. 167
and 5-21-36

Major: atlas ASL-L Trans Post

Adjs. given:
(Dates)
5-22-36



Case No. 167
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L-Trans. Post
Adjustments (dates)
5-22-36

CASE No. 169

Male Married Age 52

8/15/36

ENTRANCE COMPLAINT:

1. Pain in right lower extremity, off and on.

PRESENT ILLNESS:

Began July 15, 1936. Sudden onset of pain from back to leg. Recurrent spasms of pain every 10-15 minutes, day and night is awakened with pain.

Has had adjustments but not relieved completely. 1932, relieved completely of Ext. Hemorrhoid by adjustment of axis by B. J.

Appetite, good. Bowels, one daily. Past three days constipated. Bladder, negative. Sleep, very well, except for pain.

Date case entered Clinic: 8/15/36
Date case left Clinic: 8/24/36
Interval, time lapse — 9 days
Analysis: Atlas ASR — Right transverse posterior
Adjustments: 1
Dates: 8/17/36

Posture Constant

IT is with these various sets of spinographs in mind and with necessity of taking a SERIES of pictures of each case that we now enter into this new field of Precision Spinograph Measurements in the art of Spinography and the Posture Constant.

Posture Constant equipment and technic is so called because it affords a means of building and establishing a TRUE posture constant of a patient's sitting or standing position when placed for Spinographic pictures.

Purpose of Posture Constant enables Spinographer to EXACTINGLY AND PRECISELY DUPLICATE PATIENT'S POSTURE FOR COMPARATIVE SPINOGRAPHS AT ANY TIME AFTER FIRST POSTURE HAS BEEN RECORDED. It does not matter whether we wish to duplicate patient's posture in two weeks from first recording, in two months or two years, we can POSITIVELY replace that patient back to original posture assumed when Primary set of X-rays were taken.

By REPLACING case BACK TO original posture we determine extent of vertebral change brought about through adjustment and not confuse this with change in patient's posture. Posture being constant, change that IS shown will be that of vertebra or vertebrae exclusively. Body posture variables are completely eliminated and made constant which shows in most accurate form actual extent of vertebral variable, so far as change of position is concerned and also changes in spinal contour which have, or have not occurred.

Posture Constant work calls for most exacting placement we have yet been called upon to make in our spinographic work.

We allow patient to assume a NATURAL position for PRIMARY set of X-rays. We then adapt or adjust equipment to FIT CASE. We do not force case to fit equipment. It is most important to allow patient to assume natural sitting or standing position in Primary Spinographs when establishing Posture Constant.

In building Posture Constant it has been necessary to have made special calibrated devices attached to, or made part of our X-ray equipment in The B. J. Palmer Chiropractic Clinic.

There are such pieces of apparatus as the chin measurement, which gives a constant posterior skull line. This measurement is made with cork in patient's mouth just before exposure is made for A-P views and correctness of this measurement is dependent upon height and angle of Bucky. For Diagonal and Lateral views this measurement is made with mouth closed. There are devices for measuring distance of shoulders from each side of Bucky. In this way, whatever variation in lower cervical shows on A-P films will be that of a vertebral change and not due to a posture variable.

There are 10 positions of stool seat which are recorded after case has been properly lined up with Bucky. Turn-table upon which patient sits for cervical pictures is marked into squares, lettered one way and numbered the other, to record position of feet.

In making 8 x 36 stereo full spine pictures, patient stands upon measured lines making possible duplication of standing position. Chin measurement is made in these views as in A-P views.

To further check variables in posture, measurement of top of head from top of Bucky is made and exact size of cork used is recorded.

Height of tube must be kept constant from one A-P series, from one Diagonal series or one Lateral series of spinographs to another to avoid shadow variables on X-ray films. A difference of several inches in tube

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

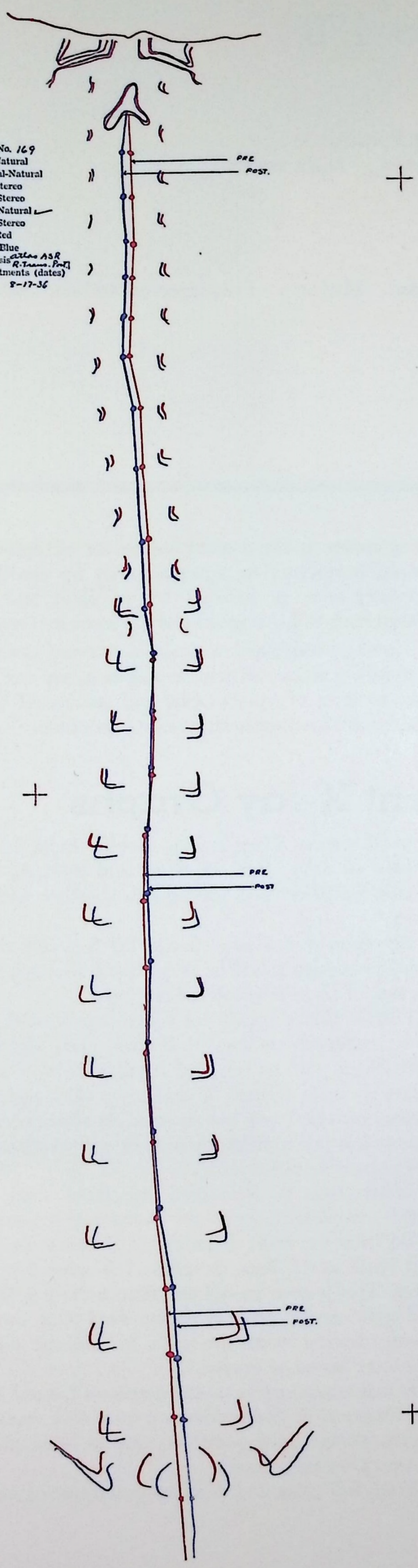
Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 5-15-36 Case No. 169
and 5-24-36

Major: atlas ASR - R Trans Post

Adjs. given: (Dates)

8-17-36



Case No. 169
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R-Trans. Post
Adjustments (dates)
8-17-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

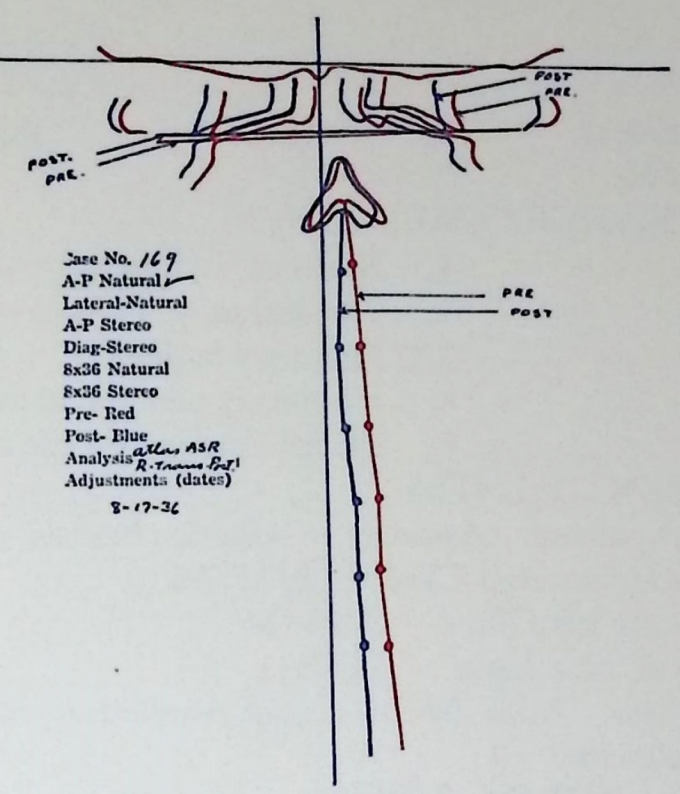
Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 5-17-36 Case No. 169
and 5-24-36

Major: atlas ASR - R Trans. Post

Adjs. given: (Dates)

8-17-36



Case No. 169
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R-Trans. Post
Adjustments (dates)
8-17-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

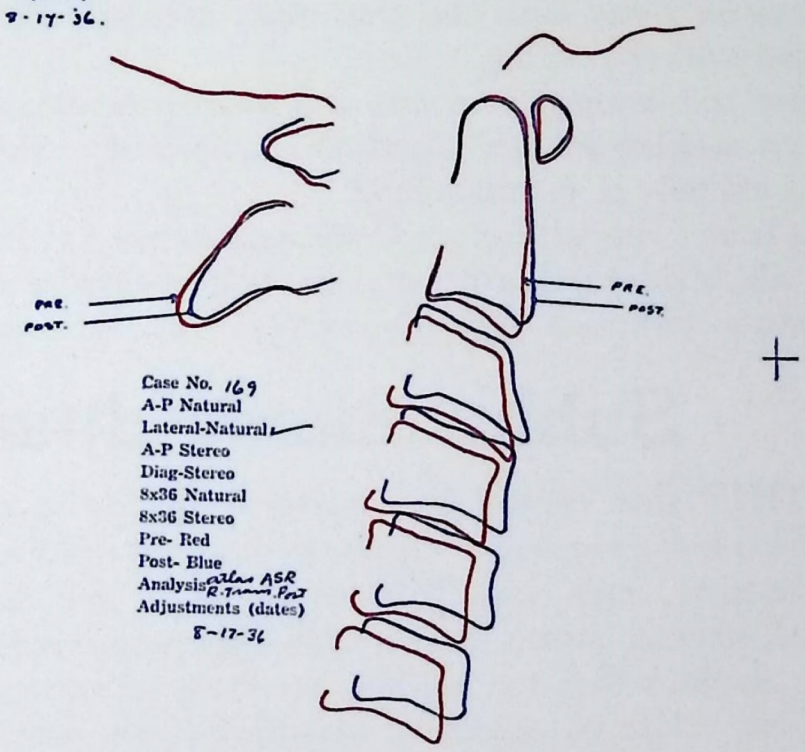
Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 5-15-36 Case No. 169
and 5-24-36

Major: atlas ASR - R Trans. Post

Adjs. given: (Dates)

8-17-36.



Case No. 169
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R-Trans. Post
Adjustments (dates)
8-17-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

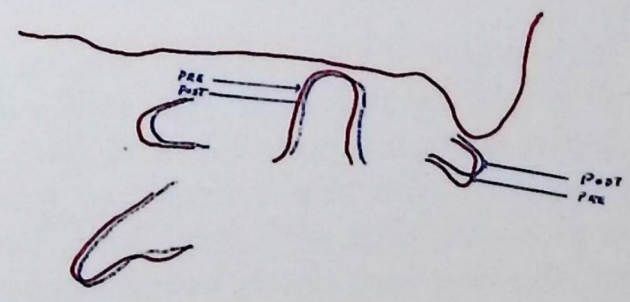
Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 5-15-36 Case No. 169
and 5-24-36

Major: atlas ASR - R-Trans. Post.

Adjs. given: (Dates)

8-17-36



Case No. 169
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans. Post
Adjustments (dates)
8-17-36

CASE No. 170

Female Married Age 56
8/15/36
ENTRANCE COMPLAINTS:

1. Kidneys — Backache — Diagnosed as Pyelitis.
2. Headaches — Nausea — Loss of appetite — Night sweats
3. Increased weight.
4. Frequency alkaline urine.
5. Partial deafness in left ear.

PRESENT ILLNESS:
As above. Appetite — Good. Bowels — Laxatives used. Bladder — Frequency off and on. Sleep bad.
Date case entered Clinic: 8/15/36
Date case left Clinic: 8/31/36
Interval, time lapse — 16 days
Analysis: Atlas ASR — right transverse posterior
Adjustments: 2
Dates: 8/17/36; 8/29/36

height would very materially change casting of osseous shadows on X-ray films and thus make accurate comparative work impossible.

These and many finer points and measurements are made to establish Posture Constant. Equipment of this kind could only be precision-built.

We have a special Posture Constant recording chart upon which these measurements are made in detail and filed away with each patient's records. Each time patient comes in for a comparative set of Spinographs, record is referred to, equipment set up exactly as in first exposure, or primary set of films, and patient placed back to his original posture in every detail.

Having established a positive posture constant of patient's position, sitting or standing, we are able to take a series of Spinographs and see actual vertebral change in that case with absolute accuracy.

Subluxation-Adjustment X-ray Graphs

RATHER than depend upon personal opinion as to amount of comparative change in spine, or any specific vertebra, even with Posture Constant, we developed what is known as the subluxation-adjustment X-ray graphs which we are able to show in various India ink colors on special graph oiled paper, exact change in a vertebra or spinal column as a whole.

Bearing in mind that posture constant has been established, skull line, chin, shoulders, seat, feet, etc., fixed, we make an accurate tracing of high points of primary set of spinographs, taken when case first entered Clinic. This is done on a large tracing table with variable light density underneath and cooled with circulating air.

By high points, let me explain tracing of an A-P cervical graph: In red India ink, indicating primary spinographs, we trace posterior skull line, or occiput, lateral masses of atlas, axis centrum and spinous, tips of spinous processes; then with graph lines, join these tips together, showing very clearly extent of curvatures and rotations.

Now to follow through with comparison: we take second comparative spinograph, which was taken two weeks following primary, and place A-P cervical film under first tracing of red, overlapping skull-line-tracing of first graph over skull line of second film. Posterior skull line forms permanent land mark upon which we base all graphs. Then tracing in blue India ink lateral masses of atlas, axis centrum and spinous, tips of spinous processes and joining tips together with graph lines.

Result is that if any change HAS occurred during first two weeks, it will be very clearly shown by a comparison of these two colored tracings.

Follow this through on fourth week with purple India ink graph tracing, sixth with green, eighth week with black, and so on, and result will be a series of colors showing a series of changes in atlas and cervical region, provided case has received an adjustment. If no change has taken place, these lines will overlap until it will appear as one tracing.

When case is discharged, we make final tracing which completes Continuous Comparative Graphs and in addition we make a tracing of Primary set of films and Final set of films, including full spine 8 x 36 pictures. This is done in red and blue India ink. This pre and post graph tracing shows final and conclusive change having taken place in a clear-cut two-color graph, or series of graphs.

In making comparisons and graphs of Lateral Natural and Diagonal R. Stereo films we trace over certain high points, always using posterior skull as basis, plus mastoid on Diagonal views.

With full spine 8 x 36 stereo graph-tracing we make

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

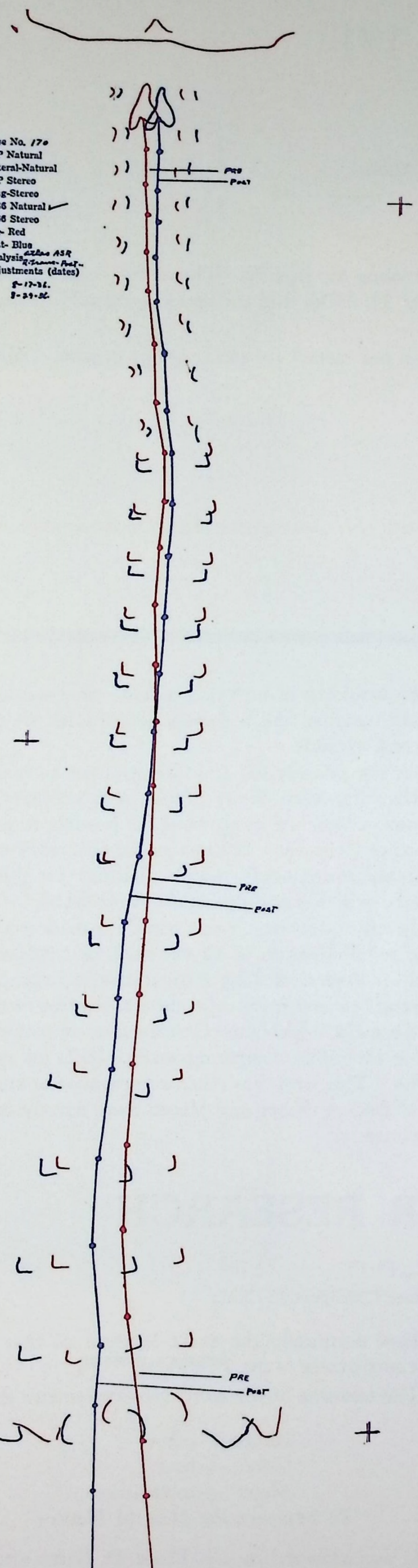
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Taken
Blue, 2nd Taken

Comparative graph between 8x36 film spinographs taken 8-15-36 Case No. 170
and 8-31-36

Major: Atlas ASR- R.Trans. Post.

Adja. given:
(Dates)
8-17-36
8-29-36



Case No. 170
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R.Trans. Post.
Adjustments (dates)
8-17-36.
8-29-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

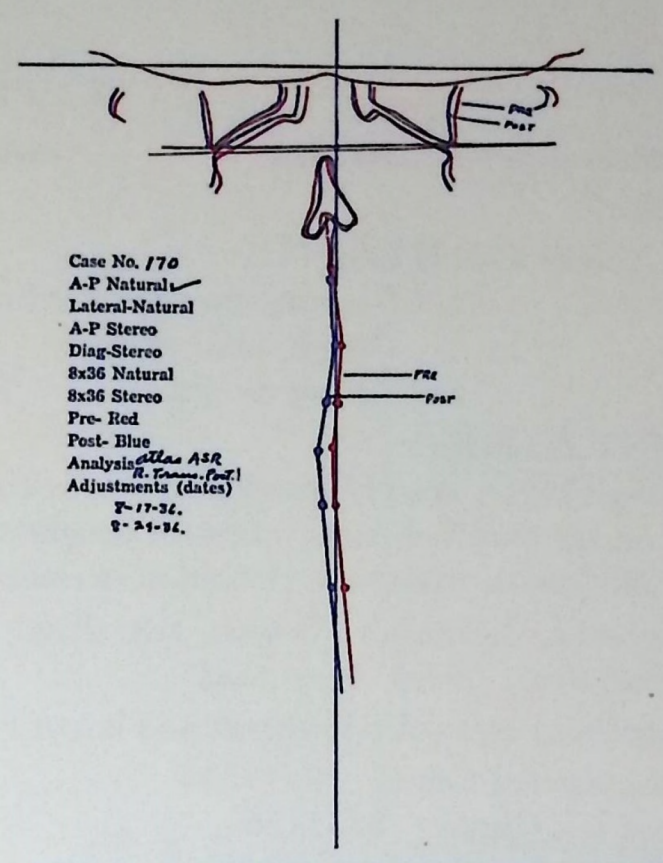
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-15-36 Case No. 170.
and 8-31-36

Major: Atlas ASR- R.Trans. Post.

Adja. given:
(Dates)
8-17-36
8-29-36



Case No. 170
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R.Trans. Post.
Adjustments (dates)
8-17-36
8-29-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

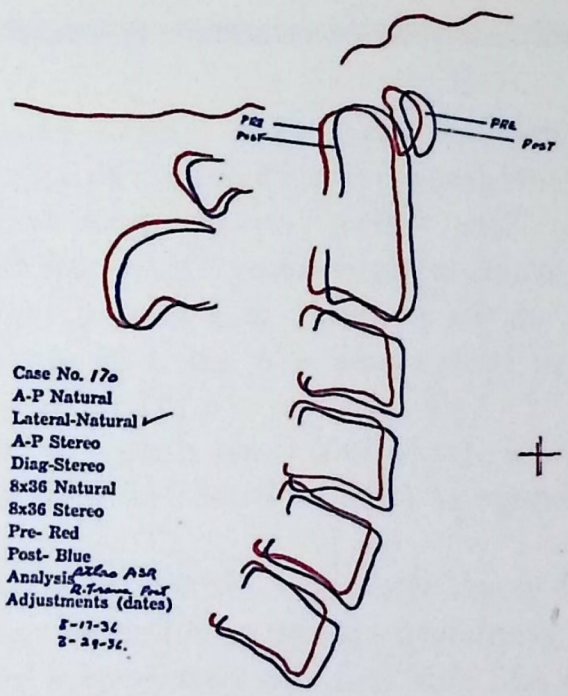
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-15-36 Case No. 170.
and 8-31-36

Major: Atlas ASR-R.Trans. Post.

Adja. given:
(Dates)
8-17-36
8-29-36



Case No. 170
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R.Trans. Post.
Adjustments (dates)
8-17-36
8-29-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

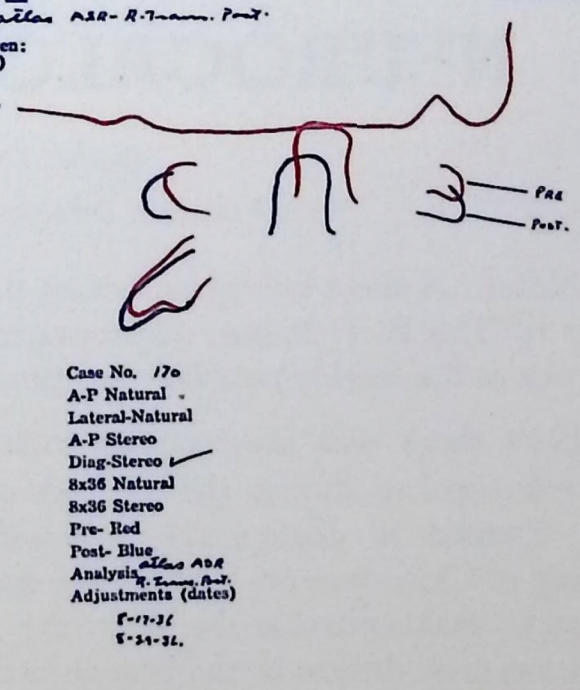
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-15-36 Case No. 170.
and 8-31-36.

Major: Atlas ASR- R.Trans. Post.

Adja. given:
(Dates)
8-17-36
8-31-36.



Case No. 170
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post.
Adjustments (dates)
8-17-36
8-29-36.

CASE No. 171

Male Married Age 59

8/15/36

ENTRANCE COMPLAINTS:

1. Throat, loss voice. Mucous in bronchial tubes.
2. Cough, productive.
3. Losing weight.

PRESENT ILLNESS:

Cough began acutely about 8/6/36, with reaction from cooling too rapidly. Throat has bothered off and on for past five years. Loss of weight started about July 25, 1936, and continued gradually to ten lbs. No loss of strength. Ambition decreased.

Appetite, decreased. Bowels, two daily. Constipated and not moved for two days at present. Bladder, negative. Sleep, very good.

Interested especially in throat and larger bronchi.

Date case entered Clinic: 8/15/36
Date case left Clinic: 8/31/36
Interval, time lapse — 16 days
Analysis: Atlas ASR — right transverse posterior
Adjustments: 1
Dates: 8/17/36

---

skull line and then mark each spinous process entire length of spine, joining these together into a continuous graph line. This shows very conclusively any curvatures and rotations and when final graph-tracing has been made, shows precisely and accurately what corrections have been made as a result of atlas HIO adjustment.

A-P cervical graphs will show change in laterality of atlas and change of axis, scolioses and rotations of cervical region.

Diagonal graph will show change of atlas rotation, and lateral graph any change of superiority or inferiority of atlas and axis and also change of a kyphotic or lordotic condition in cervical region.

Posture constant and comparative X-ray graphs are inter-dependent. Unless graphs are used to make comparisons there is no purpose in establishing a Posture Constant and unless a Posture Constant IS established graphs would be of no value because they would show a body variable which should be constant showing a vertebral variable.

It is not possible for any Chiropractor to build subluxation-adjustment-X-ray graphs with ordinary X-ray equipment which does not make it possible to produce a Posture Constant. Equipment for this work must be calibrated and specially made. Technic for this work must be exacting and precise in every detail.

The great step which this work has made possible is complete elimination of all personal, or combined personal opinions in making comparative spinographic interpretations and instead produce a positive method of measurement which any Chiropractor or patient can see for himself by comparing various India ink color on graphs. This work has taken comparative spinographs out of field of theory and placed them strictly in realm of science.

NEUROCALOMETER RESEARCH

By V. G. Coxon, D.C., Ph.C.
First Assistant Director, The B. J. Palmer Chiropractic Clinic

Editor's Note: A short talk given before the Assembly of The B. J. Palmer Chiropractic Clinic at one of the weekly auxiliary meetings.

BACK in 1924 there was invented an instrument which was destined to change the methods used in Chiropractic; destined to change the approach and mental reasoning of Chiropractors to their sick patients. It was destined to make possible the discovery of the specific for the cause of disease in the human body and to show accurately the exact location of that cause. That instrument is the NEUROCALOMETER.

The meaning of the word Neurocalometer is —

Neuro — nerve
Calo — heat
Meter — to measure
"To Measure the Heat of Nerves"

It was invented by Dr. Dossa D. Evins after con-

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

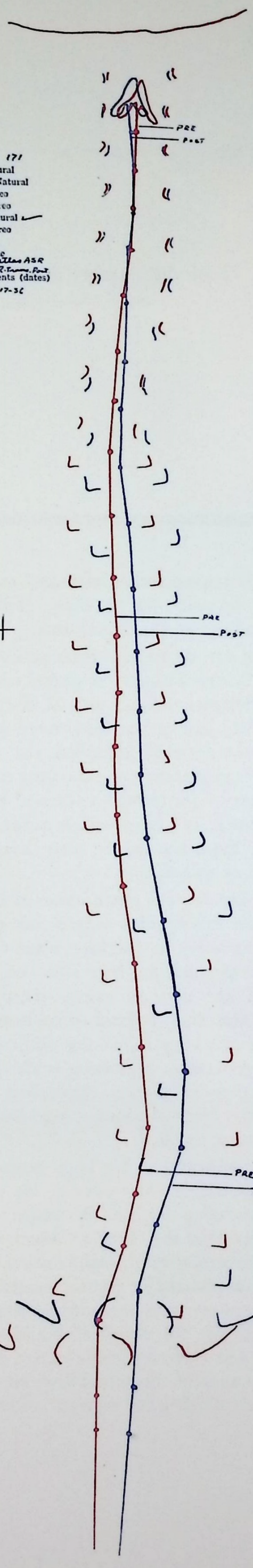
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Date
Blue, 2nd Date

Comparative graph between 8x36 film spinographs taken 8-15-36 Case No. 171
and 8-31-36

Major: Atlas A S R - R Trans Post

Adjs. given:
(Dates)
8-17-36



Case No. 171
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
8-17-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

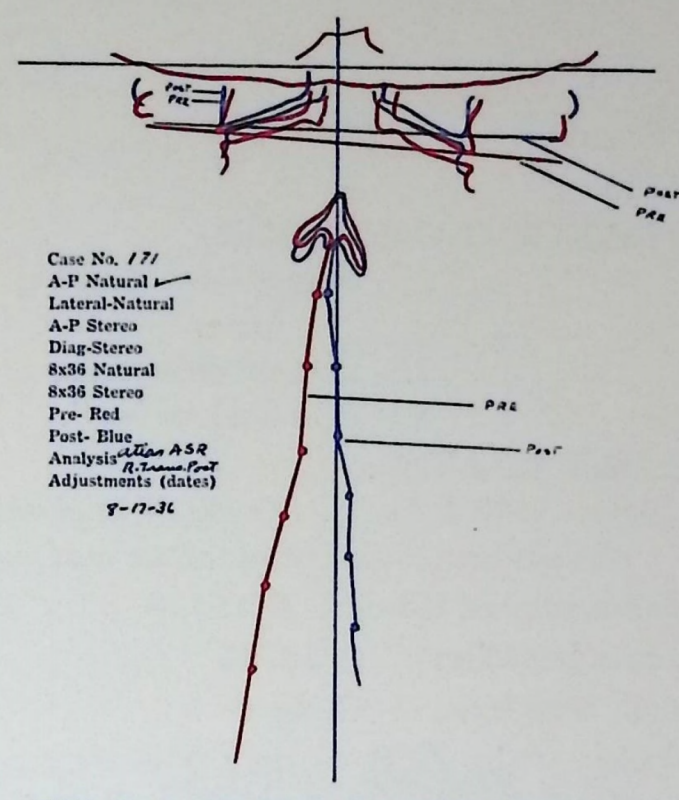
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-15-36 Case No. 171
and 8-31-36

Major: Atlas ASR - R Trans Post

Adjs. given:
(Dates)
8-17-36



Case No. 171
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
8-17-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

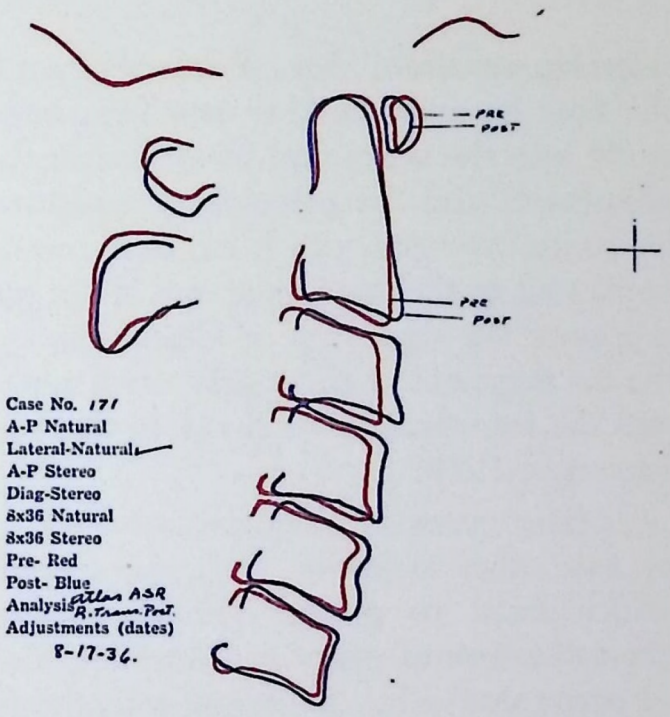
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-15-36 Case No. 171
and 8-31-36

Major: Atlas A S R - R Trans Post

Adjs. given:
(Dates)
8-17-36



Case No. 171
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
8-17-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

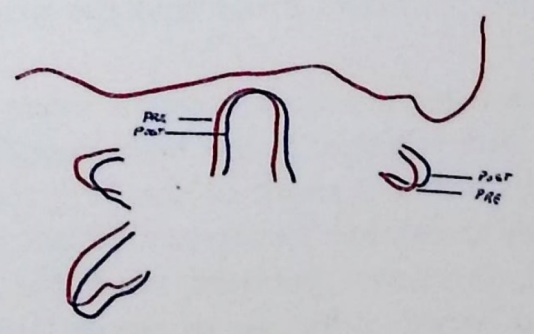
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-15-36 Case No. 171
and 8-31-36

Major: Atlas ASR - R Trans Post

Adjs. given:
(Dates)
8-17-36



Case No. 171
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
8-17-36

CASE No. 173

Female Married Age 53

8/16/36

ENTRANCE COMPLAINTS:

1. Injury car— Left leg. Pain on motion about the hip. Not referred to knee.
2. Left shoulder pain.
3. Pain back of head.

PRESENT ILLNESS:

Began 2:30 P.M., 8/15/36, in Highway near Galesburg, Illinois. Took ditch rather than crash and was shaken up. Pains of entrance complaint developed.

Date case entered Clinic: 8/16/36

Date case left Clinic: 8/28/36

Interval, time lapse — 12 days

Analysis: Atlas ASR — right transverse posterior

Adjustment: 1

Dates: 8/16/36

siderable research. Dr. Evins was a Chiropractor at the time he invented this new instrument, his diligent study into the whys and wherefors of the Chiropractic adjustment and the principle of pressure upon nerves, led to his invention which has been one of the most valuable and at the same time one of the most revolutionary since the discovery of Chiropractic in 1895, since the development of the toggle recoil adjustment in 1905 and the introduction of X-ray to the Chiropractic profession in 1910.

Many times in progress, whether in Chiropractic or any other endeavor, it is the Revolutionary thing which leads to greater heights, makes possible the crystallization of many problems and the establishment of better methods. So it was with the Neurocalometer in 1924.

The Neurocalometer was invented and has been developed on the postulate that a subluxated (or misplaced) vertebra causes pressure upon a nerve or group of nerves as they pass thru or emit from the spinal column. As a matter of fact, this instrument has taken that principle out of the field of theory and placed it strictly and wholly in the realm of science. In other words, it has furnished proof that the principle is correct.

This instrument not only shows when the pressure is present, but whether it has been completely or partially eliminated as a result of the Chiropractic adjustment of the causative vertebra. When a vertebra is subluxated, it causes pressure upon the surrounding tissues of a nerve or bundle of nerves and this causes resistance to the flow of nerve energy. This resistance in turn causes heat at that point, just as heat is produced when resistance is added in a circuit carrying electricity. The Neurocalometer is so sensitive and so constructed with thermocouple detectors and galvanometer that it registers this heat and records it as so many points, or units, on the dial. It makes comparative heat readings of the spinal area.

Supposing we do have a subluxation at a certain point. The Neurocalometer is glided over the area of the spine, a detector on each side of the spinal column surface proper. Just as the instrument glides over the point where the nerve is impinged, the needle deflects in a certain characteristic way, showing so many points. This deflection of the needle is caused by the heat at that point, which, as I have said, is caused by the resistance to nerve flow, and this in turn caused by the subluxated vertebra in question.

Now we can see the great value of the instrument in locating the exact point where this pressure exists and its further value in checking after the adjustment to see that the pressure has been removed, the resistance removed and the flow of nerve energy restored to normal. When this normal condition prevails we know the nerve energy is flowing without interference to the body generally, or flowing without interference to certain organs or tissues, depending which nerves were involved. Normal function and health is the natural and ultimate result.

After the adjustment has been given, that is days or weeks following, or even months, the instrument has another great value in that it makes possible daily checking to see that the vertebra which was originally involved is remaining in normal position. Just as long as the vertebra remains in correct position, then there will be no nerve pressure recorded by the Neurocalometer, in which case the vertebra should not be further adjusted, but left alone to enable nature to bring about the necessary repairs, or rebuilding, to the ligaments and tissues surrounding the segment and to the spine in general.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

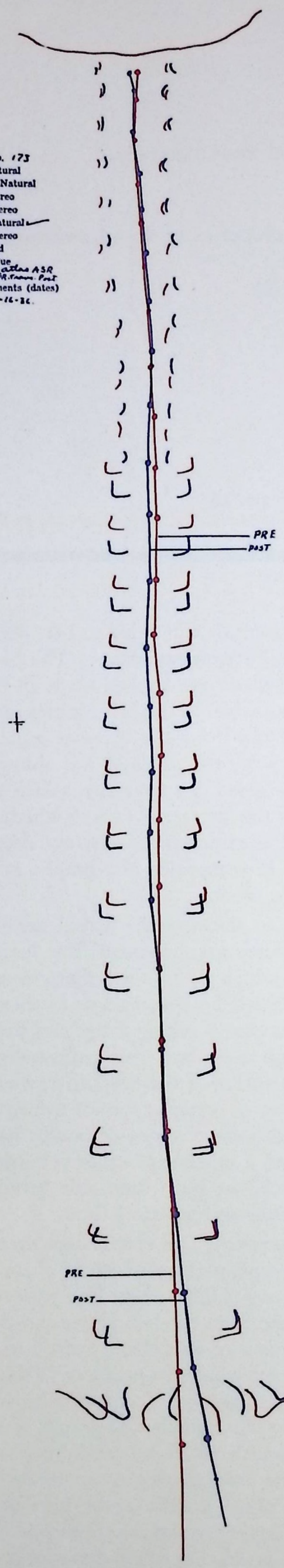
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st date Blue, final date

Comparative graph between 8x36 film spinographs taken 8-16-36 Case No. 173
and 8-28-36

Major: Atlas ASR - R Trans Post

Adjs. given: (Dates)
8-16-36



Case No. 173
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
8-16-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

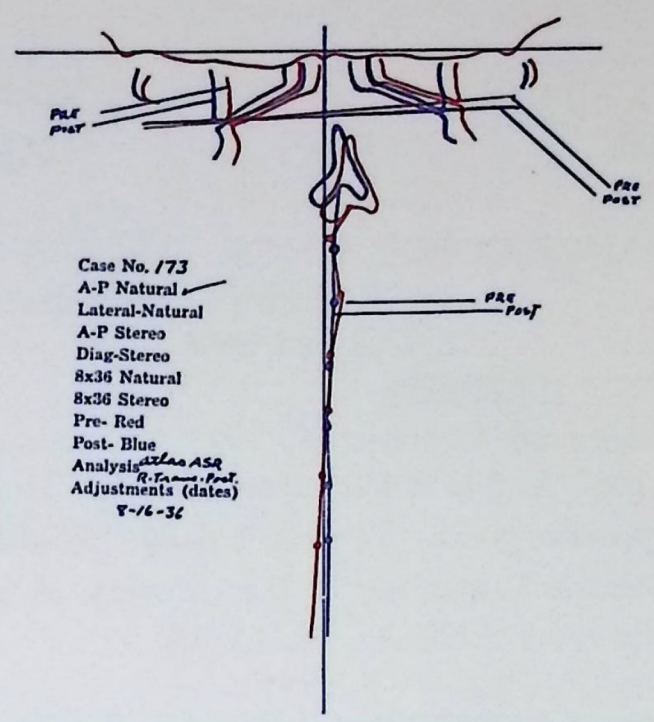
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-16-36 Case No. 173
and 8-28-36

Major: Atlas ASR - R Trans Post

Adjs. given: (Dates)
8-16-36



Case No. 173
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post.
Adjustments (dates)
8-16-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

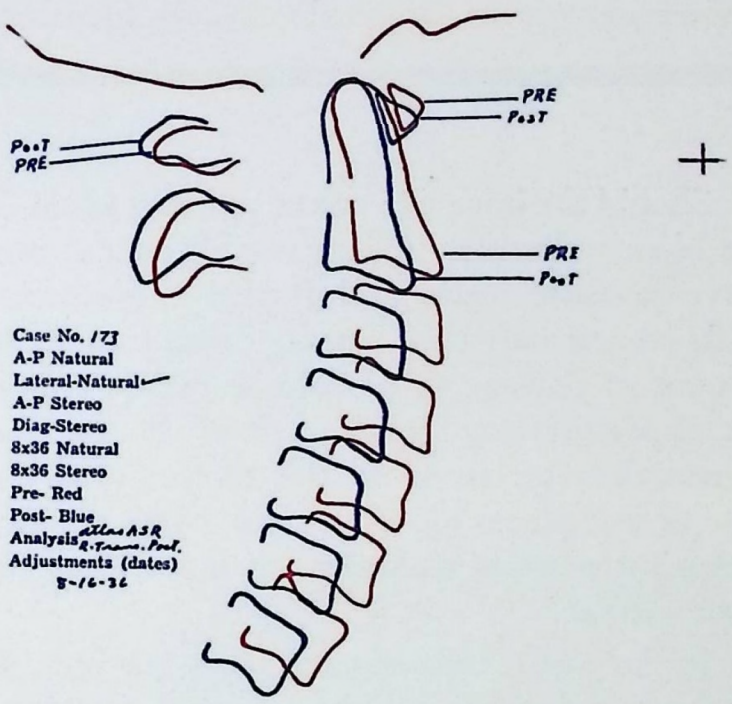
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-16-36 Case No. 173
and 8-28-36

Major: Atlas ASR - R Trans. Post

Adjs. given: (Dates)
8-16-36



Case No. 173
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post.
Adjustments (dates)
8-16-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

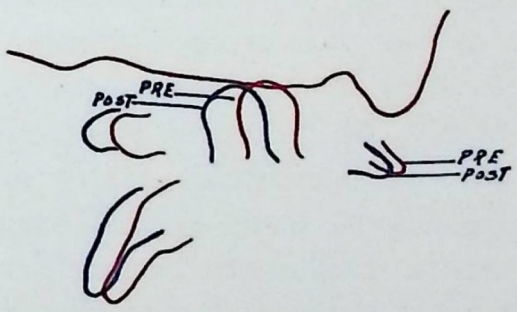
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 8-16-36 Case No. 173
and 8-28-36

Major: Atlas ASR - R Trans. Post

Adjs. given: (Dates)
8-16-36



Case No. 173
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
8-16-36.

CASE No. 174

Male Single Age 22

8/16/36

ENTRANCE COMPLAINTS:

1. Right leg — muscular atrophy. Extensor groups involved especially.
2. Constipated.

PRESENT ILLNESS:

Dates from October 15, 1933. Compression fracture of spine. Improper control and awkward in walking. Leg is smaller than the left. Right ankle is weak.

Appetite, good. Bowels, 1 daily. Bladder, nocturia, one. Sleeps good.

Interested especially in the recovery of function in the right leg.

Date case entered Clinic: 8/16/36

Date case left Clinic: 1/7/37

Interval, time lapse — 144 days

Analysis: Atlas ASL

Adjustments: 7

Dates: 8/17/36; 8/20/36; 9/3/36; 10/16/36; 10/23/36; 11/2/36; 11/16/36

Should the bone slip out of position again, however, the Neurocalometer will show this by the presence of nerve pressure again and further adjustment can be made immediately thus cutting down to a minimum the amount of damage that could be caused if it remained out of position any length of time. So we see how the Neurocalometer steps up the efficiency of the Chiropractor and places his work on a strictly scientific basis, making it possible to know when to adjust and when not to adjust.

In the past couple of years there has been developed the Neurocalograph which is an advancement with the Neurocalometer proper and which we use daily in The B. J. Palmer Chiropractic Clinic. The Neurocalograph is a highly sensitive and complicated instrument which makes it possible to record on a graph sheet the readings obtained with the Neurocalometer. It does away with the necessity of making a mental picture of the needle variations as we glide along the spine and also eliminates the writing of these mental pictures manually on a graph sheet. The Neurocalograph gives us the most complete and precise picture of the needle variations that it is possible to attain and all done automatically. In other words, it takes the human element out of the Neurocalometer work so far as the recording is concerned. It makes possible accurate recording of any and all heat changes and nerve pressure interpretations found along the spinal column. It places the Neurocalometer work strictly and completely in the field of science.

Credit for the development of the Neurocalograph goes to Otto Schiernbeck who is Consulting Engineer on our Clinic staff.

Recognizing the need for the correct speed of the detectors along the spine in proportion to the speed of the graph movement in the instrument, Dr. Palmer laid down the fundamentals which led to Mr. Schiernbeck's invention of the Neurotempometer. The Neurocalometer detectors, (which are hooked up with the Neurocalograph) are attached to the Neurotempometer which draws the detectors along the spine at a certain, fixed speed. In this way, the readings are always made at exactly the same speed day after day, which as a matter of fact, is one of the important factors which contribute to the scientific accuracy of the Neurocalograph readings, especially in comparing the graphs from day to day and week to week.

In addition to showing the actual nerve pressure, the Neurocalometer graphs reveal heat line variations along the spine which all have a definite meaning. For instance, we can tell by the changes in these heat line readings when a case is taking drugs and then the case is taken off drugs again later; we can usually tell when a case has had a restless or sleepless night; we can tell the coming and going of certain types of menstruation; we can tell when definite changes of bodily function are taking place; and a number of other conditions which, thru our research, we have been able to tabulate and bring into concrete and practical form.

Another interesting fact is that each case has a certain heat line graph pattern which is characteristic to that particular case. These heat line patterns are separate and distinct from the actual nerve pressure reading, but indicates a certain characteristic to each case. These patterns are what you might call "finger prints" in Neurocalometer work. You might be surprised to know we could take a number of graphs of several different cases, mix them all up, and by observing the peculiar characteristic graph pattern of each case, we could separate these graphs again into their proper order without looking at the case numbers. By watching the general peculiar graph pattern of a given case

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

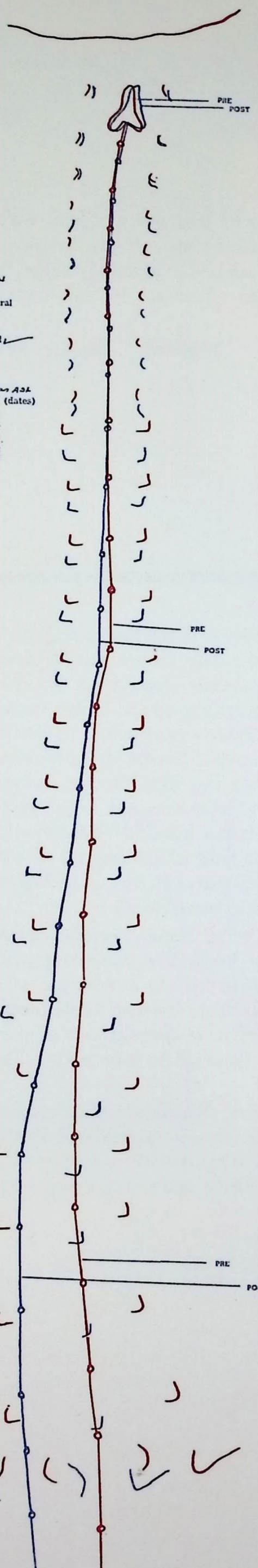
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 film, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-16-36 Case No. 174
and 1-7-37

Major: atlas ASL

Adjs. given (Dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36



Case No. 174
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-16-36 Case No. 174
and 1-7-37

Major: atlas ASL

Adjs. given: (Dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36

Case No. 174
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

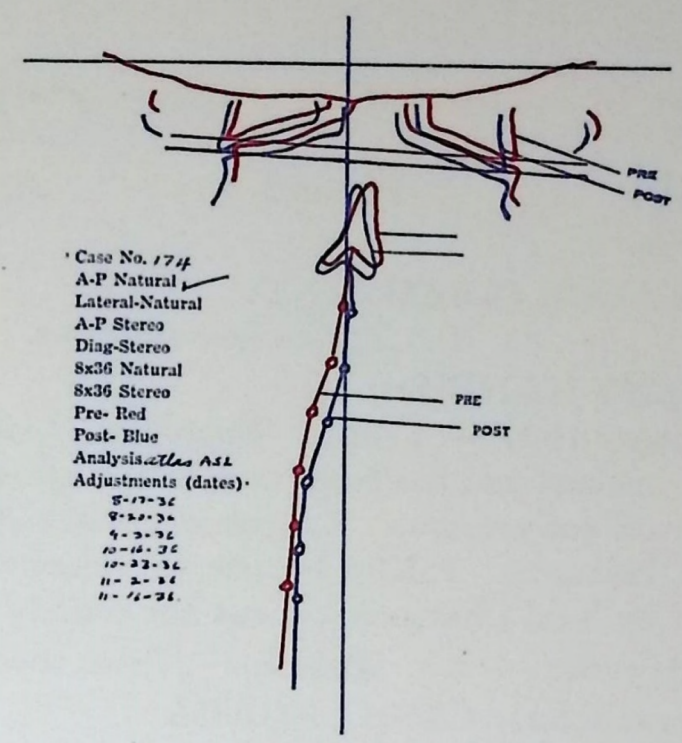
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-16-36 Case No. 174
and 1-7-37

Major: atlas ASL

Adjs. given: (Dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36



Case No. 174
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

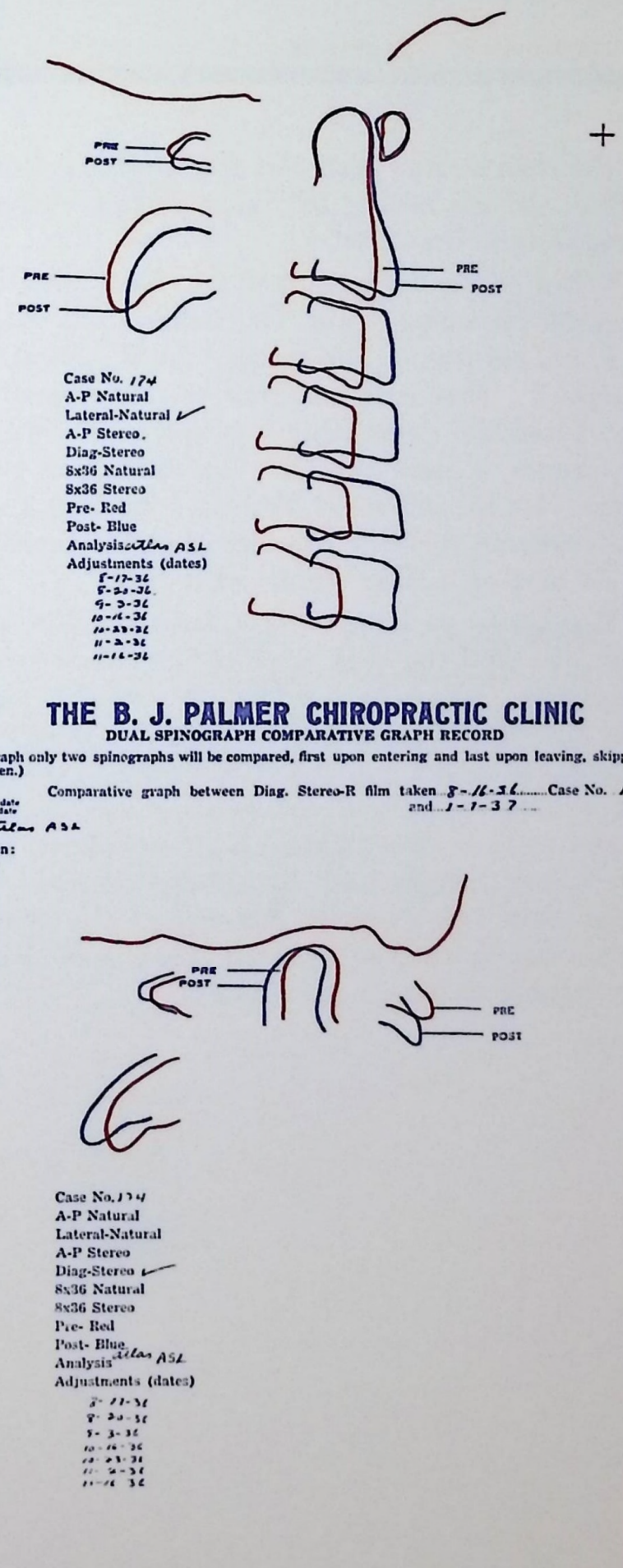
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-16-36 Case No. 174
and 1-7-37

Major: atlas ASL.

Adjs. given: (Dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36



Case No. 174
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
8-17-36
8-30-36
9-3-36
10-16-36
10-23-36
11-2-36
11-16-36

CASE No. 175

Male Married Age 54

8/16/36

ENTRANCE COMPLAINT:

1. Pain in face and jaws.

PRESENT ILLNESS:

Began 1920 — Trifacial Neuralgia. Unerupted wisdom teeth removed and did not heal well. Pain remained and has been more or less constant since. Treated by medical men and has had relapses of pain off and on since. Tongue involved. August, 1935, Headache developed. Nitro-glycerine used to stop headache. Patient became very nervous. Cramps in back muscles. Stomach in bad shape. Adjusted by local Chiropractor, but not entirely well or free of pain.

Appetite — fair. Bowels — Tends toward constipation. Bladder — Negative. Sleep — Good.

Date case entered Clinic: 8/16/36

Date case left Clinic: 8/29/36

Interval, time lapse — 13 days

Analysis: Atlas AIR — right transverse posterior

Adjustments: 1

Dates: 8/18/36

---

and the changes that enter the graph picture from time to time, we can readily tell when certain changes are taking place in that case.

When you come in each day to have your Neurocalograph recording made, Dr. Palmer will study the graph and say one of two things: "O. K., everything is all right." This indicates that no nerve pressure is present and the nerve energy is getting thru without interference, a very necessary condition for your recovery. Or he will say: "You do." meaning the pressure is present, the bone has slipped out of position and you do need an adjustment to set it right.

You know, we have quite a distinction between the front door and the back door of our Neurocalograph Laboratory. Once in a while, Dr. Palmer will say: "Out the front door you go." This is a sure sign the reading is favorable and you do not need an adjustment. If it is unfavorable and you need an adjustment, you get one and are then placed on an ambulance cot and wheeled out thru the back door of the laboratory to one of the silent rest rooms in the rear of the clinic. So you see the "front door" and the "back door" have two very distinct meanings around here.

As I pointed out in the beginning, the Neurocalometer and its later advancements the Neurocalograph and the Neurotempometer, are one of the most important steps in Chiropractic progress. They have made it possible for us to obtain exacting and scientific information regarding the cause of disease in the human body. They have been among the chief factors in bringing Chiropractic into a strictly scientific realm and a high state of efficiency. It has brought Chiropractic to its rightful place in the field of science, all of which has been done for the ultimate objective of getting our cases well more quickly and permanently.

Regardless of all these scientific developments and instruments, we know that you, the patient, want just one thing, and that is the restoration of health. We know that we are here for that single purpose of removing the cause of your disorder and allowing nature to restore normal function in your body. That is our sole objective.

We know too, that these scientific advancements do make it possible for us to accomplish that objective and so justifies anything we have done to develop Chiropractic to its present state of scientific efficiency.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

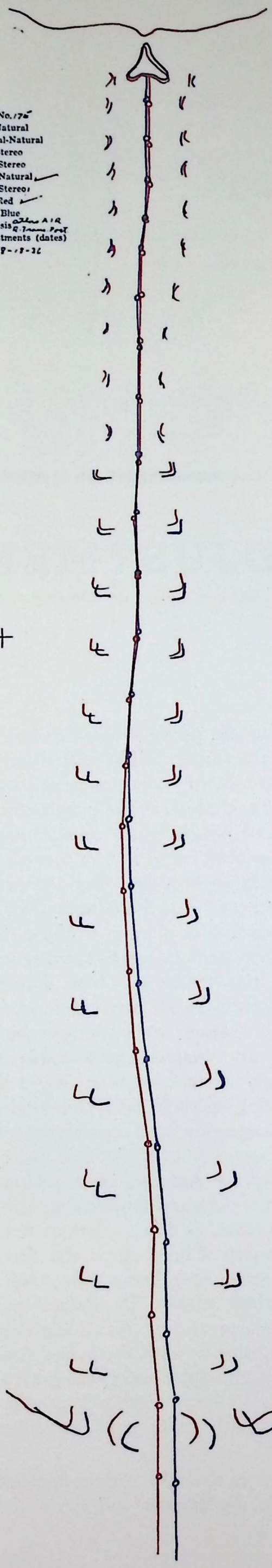
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-16-36 Case No. 175
and 8-24-36

Major: Atlas AIR - R. Trans. Post

Adjs. given: (Dates)
8-18-36



Case No. 175
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red ✓
Post- Blue
Analysis Atlas AIR R. Trans. Post
Adjustments (dates)
8-18-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

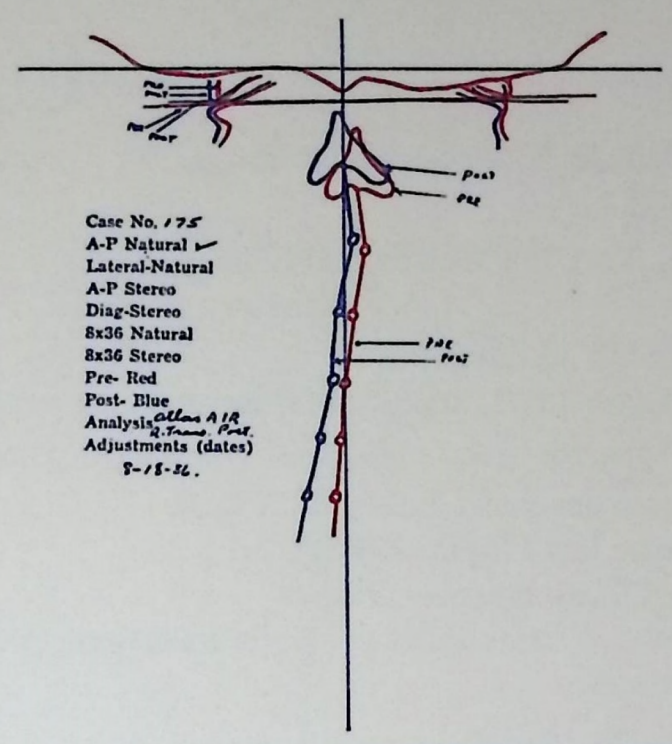
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-16-36 Case No. 175
and 8-24-36

Major: Atlas AIR-R Trans. Post

Adjs. given: (Dates)
8-18-36



Case No. 175
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIR R. Trans. Post.
Adjustments (dates)
8-18-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

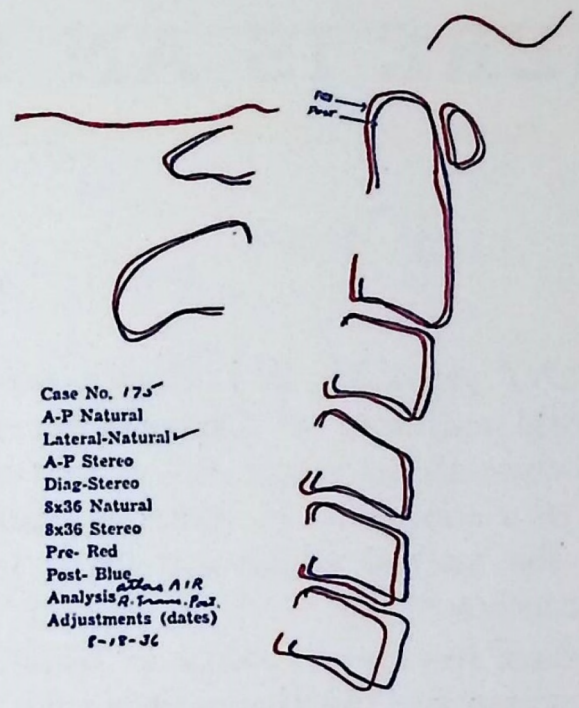
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-16-36 Case No. 175
and 8-24-36

Major: Atlas AIR-R. Trans. Post

Adjs. given: (Dates)
8-18-36



Case No. 175
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIR R. Trans. Post.
Adjustments (dates)
8-18-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

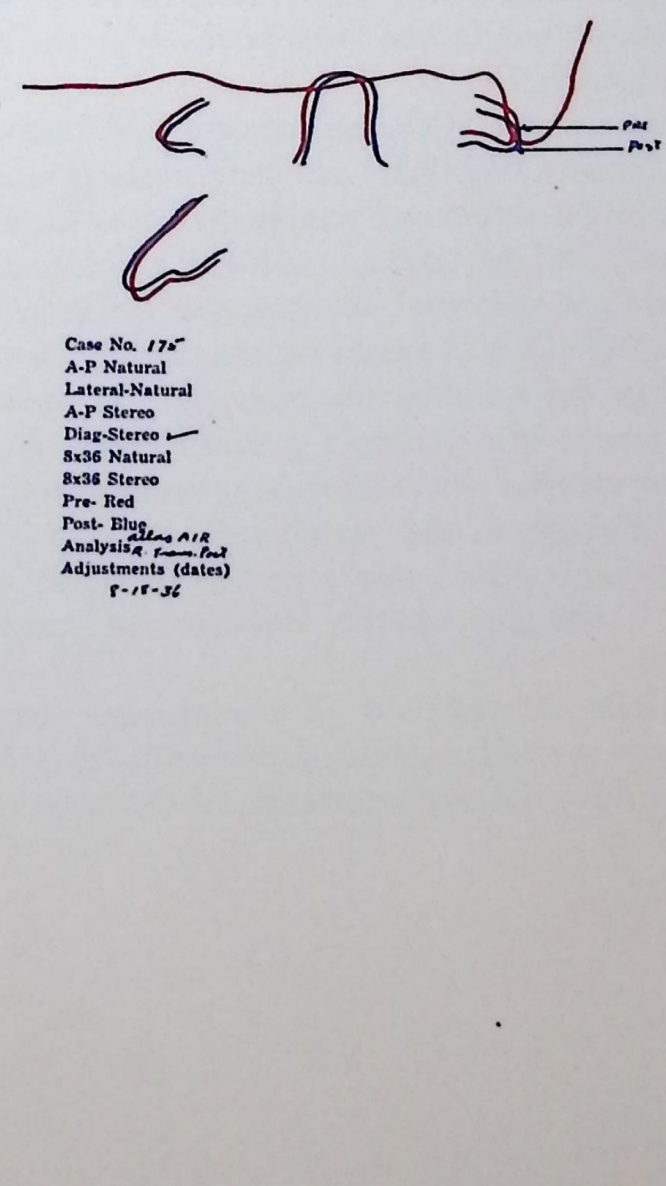
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-16-36 Case No. 175
and 8-24-36

Major: Atlas AIR - R. Trans. Post

Adjs. given: (Dates)
8-18-36



Case No. 175
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIR R. Trans. Post
Adjustments (dates)
8-18-36

CASE No. 177

Female Married Age 49
8/17/36
ENTRANCE COMPLAINTS:
1. Deafness.
PRESENT ILLNESS:
Began 1927, acutely and lost hearing rapidly. Condition has remained constant for a period of nine years.
Appetite, good. Bowels, 2-3 daily. Bladder, negative. Sleeps very good.
Date case entered Clinic: 8/17/36
Date case left Clinic: 8/26/36
Interval, time lapse — 9 days
Analysis: Atlas ASR — right transverse posterior
Adjustments: 1
Dates: 8/18/36

THERE IS AN INNATE ADJUSTMENT

By V. G. Coxon, D.C., Ph.C.

INTRODUCTION

FOR MANY years, Dr. B. J. Palmer, the developer and world authority of Chiropractic, has maintained that there IS an Innate Adjustment brot about as a result of a concussion of forces contained, or delivered, in the manual adjustment given by a competent Chiropractor.

While there has been evidence in various ways to justify the existence of this theory, it has not been until recently that actual concrete proof has been possible because vertebral changes as shown in a series of spinographs were merely a matter of personal, or combined personal opinions.

By that is meant that a Chiropractor, or group of Chiropractors, could take a series of films of a patient and study them in the view boxes with the result they could CONCLUDE that certain changes had taken place as a result of the adjustment, but that conclusion would be an OPINION only and nothing more. There would be no actual measurable means to show the exact change. While calibers and rules could be used to measure the vertebral changes, the question of the patient's POSTURE would be one of the chief objections raised in the mind of the scientist. If there was any variation in the patient's posture from one series of films to another series in making comparison, naturally many changes in the vertebra in question, or in general spinal contour, might be shown which would not be true changes of the vertebra, or vertebrae, exclusively.

While this method of comparison actually DID disprove the old medical propaganda that Chiropractors could not move a vertebra, at the same time it still had too much of the personal-opinion-element in it to make it strictly scientific. The major changes were, of course, apparent; they were obvious to anyone. It was these obvious changes in the position of a vertebra under adjustment which broke down unjust medical claims that a vertebra could not be moved. We DID move it and could prove it by X-ray pictures of before-and-after adjustment. But the minute, finer details and changes were matters of opinion in those days, and to the layman or anyone not thoroly familiar with osseous X-ray shadows, they meant very little if anything, even assuming the posture HAD been duplicated.

Today, such changes are no longer the opinion of anyone, but a fact shown in measurable and precise form of a strictly scientific nature. By a thoro study and understanding of these later developments in the technic of Spinography and comparative interpretation, it is now possible to show that there IS an Innate Adjustment, or setment, of a subluxated vertebra after its proper manual adjustment.

It is such theories as this and others that The B. J. Palmer Chiropractic Clinic offers the finest facilities available in any science to bring about their proof. It is this Clinic which enables Dr. Palmer and his associates to develop new and advanced methods of Chiropractic practice, always with the sound foundation of our Chiropractic principles and philosophy, and always with the thot and effort to get sick people well more quickly and efficiently, with pure, unadulterated Chiropractic.

It has been only thru the correct approach to these problems, i.e., in the manner and spirit of true scien-

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

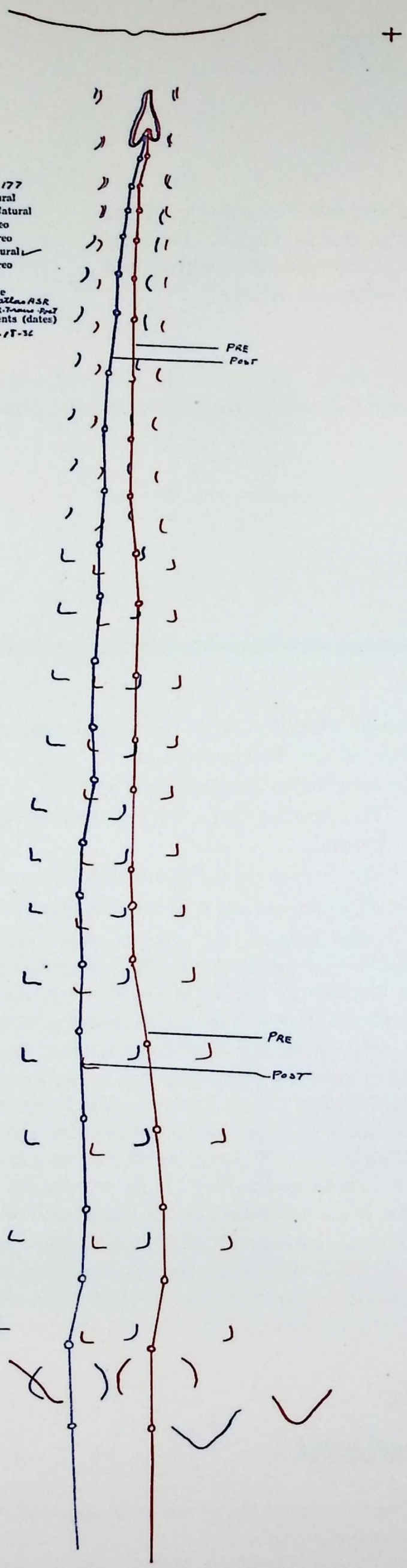
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36. Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-12-36 Case No. 177
and 8-26-36

Major: Atlas ASR R Trans Post

Adjs. given (Dates)
8- 3 36



(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

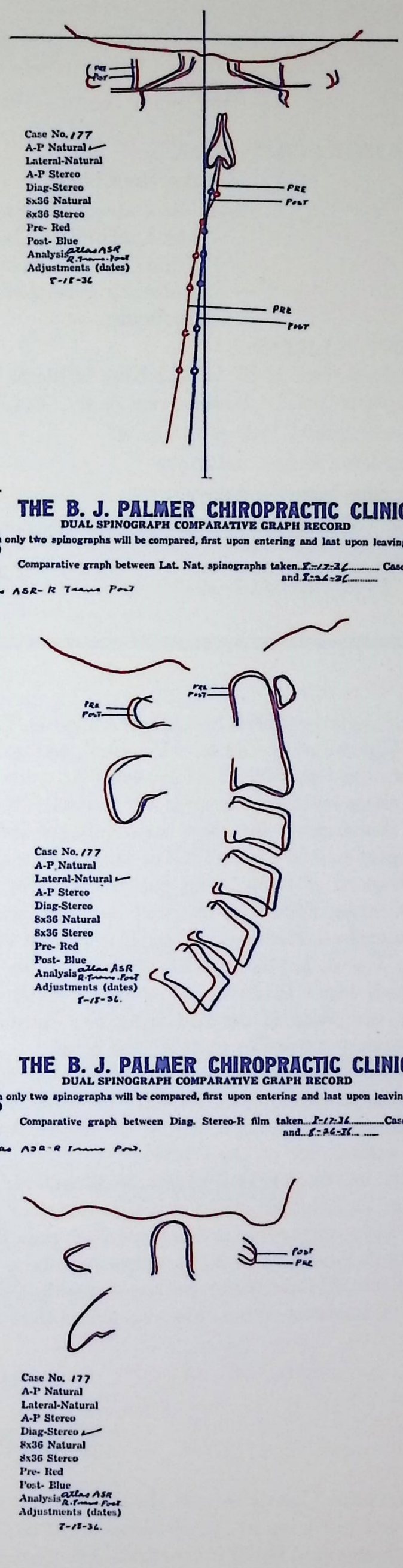
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-17-36 Case No. 177
and 8-26-36

Major: Atlas ASR- R-Trans. Post

Adjs. given: (Dates)
8-17-36



(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

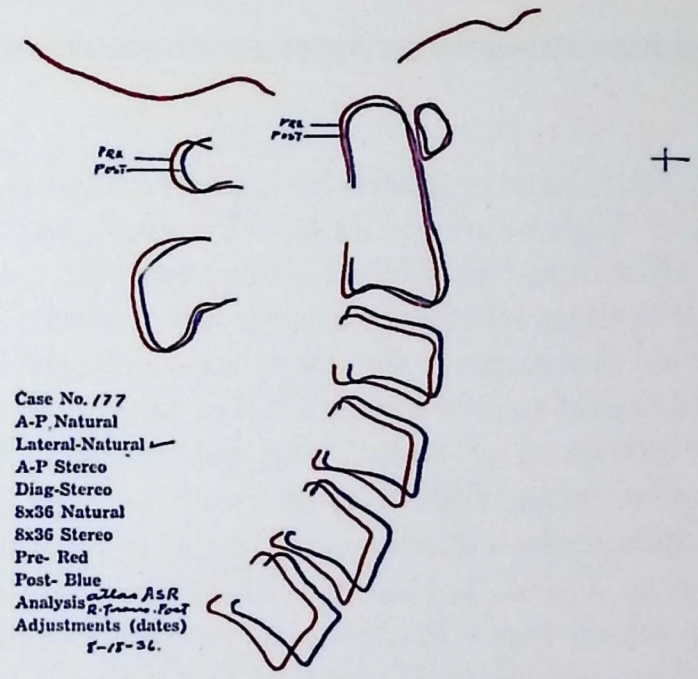
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-17-36 Case No. 177
and 8-26-36

Major: Atlas ASR- R Trans Post

Adjs. given: (Dates)
8-17-36



(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-17-36 Case No. 177
and 8-26-36

Major: Atlas ASR-R Trans Post.

Adjs. given: (Dates)
8-18-36

CASE No. 178

Male Married Age 34
8/18/36

ENTRANCE COMPLAINTS:

1. Asthma since birth.
2. Skin over annular ligament of right wrist and left index finger. First and second phalanges adjacent to the middle finger. Gasoline dries up the skin lesion. The eruptions precede asthma and severity is related to severity of the asthmatic attack.
3. Hemorrhoids.

PRESENT ILLNESS:

Asthma since birth. (Blue babe at birth?). Skin trouble since birth. Hemorrhoids, 1933, off and on since. Appetite, good. Bowels, one daily. Bladder, negative. Sleep, OK when free from asthmatic attack.

Date case entered Clinic: 8/18/36
Date case left Clinic: 8/26/36
Interval, time lapse — 8 days
Analysis: Atlas AIL — right transverse posterior
Adjustments: 2
Dates: 8/19/36; 8/27/36

---

tists, that these problems have been solved in The B. J. Palmer Chiropractic Clinic. Personal and pet ideas, favoritisms and prejudices have been cast aside for the truth in these matters. Science has a hard and ruthless way of demanding the most exacting standards one could expect to find in any field of work. It is the complete disregard of feeling and personal opinions which makes scientists what they are, and the facts which they conclude and establish scientific. Such is the code laid down in The B. J. Palmer Chiropractic Clinic. It is a code which seems cold-blooded at times for it stops at nothing, nor does it deviate from the hard-and-fast rules necessary to arrive at facts and truth.

The work contained in this article has been obtained from scientific research and development in The B. J. Palmer Chiropractic Clinic, on actual every-day cases in attendance at the Clinic.

I want to discuss two major developments in spinographic technic which have made possible a third development, or the conclusions reached that there IS an Innate Adjustment in fact and not merely in theory. While this third item is not, perhaps, strictly a development, it is, however, a conclusion reached thru a study of scientific facts found in our new work of comparative spinograph interpretations.

The two major developments are:

1. The Posture Constant and Precise Spinograph Equipment.
2. The Subluxation-Adjustment X-ray Graphs.

The Posture Constant forms the basis or foundation for the graphs; the graphs show in concrete, measurable and understandable form, the exact and precise changes in POSITION of a vertebra, or the spinal column as a whole, when under adjustment.

3. This work has brot forth a third item, or the conclusion reached regarding the actuality of an Innate Adjustment which I have focused mainly to atlas and axis since the atlas is the Specific for the Cause of All Dis-ease. I find there are three general classifications of Innate positioning, each with three sub-divisions for atlas; and two general classifications for axis.

One more theory will thus find its place among the list of established facts in our Science and make possible a better understanding of what takes place after a Chiropractic Manual Adjustment has been given.

SECTION ONE

Posture Constant

THE Posture Constant was developed and builded for a specific purpose: to eliminate a variable body-posture-change and make it constant and consistent for the purpose of building comparative spinographs and ascertaining true changes of an individual vertebra, or the spinal column as a whole, when under adjustment and when compared by means of a series of films over a given period of time.

The Posture Constant technic and equipment enables the trained spinographer to exactingly and precisely duplicate the patient's posture for comparative spinographs at any time after the primary posture has

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

End, top mark
Start, 2nd mark

Comparative graph between 8x36 film spinographs taken 8-18-36 Case No. 178
and 8-26-36

Major: Atlas AIL - R Trans Ant

Adjs. given:
(Dates)
8-19-36
8-27-36

Case No. 178
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIL R Trans Ant
Adjustments (dates)
8-19-36
8-27-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

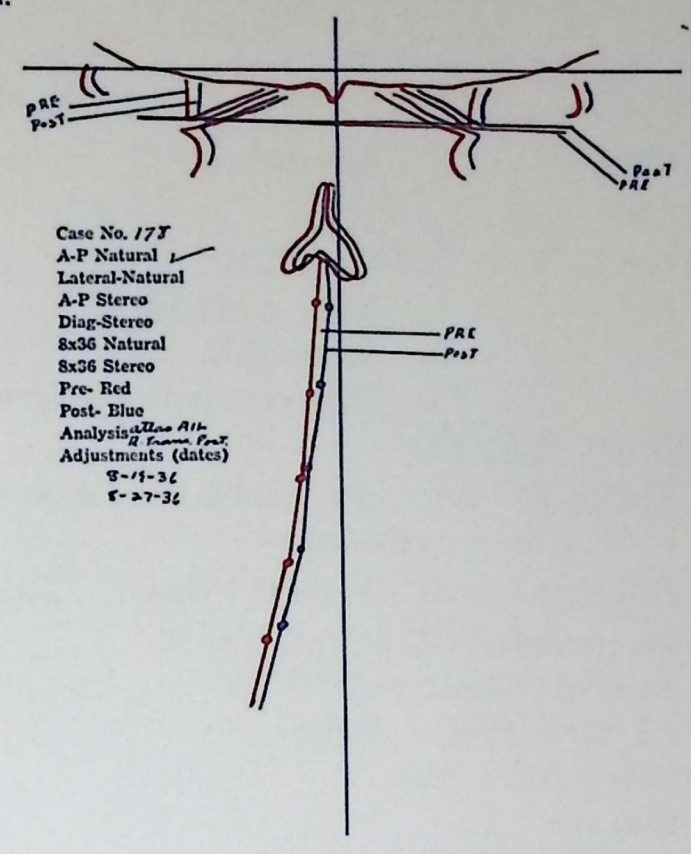
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Start, leaving date

Comparative graph between A-P Nat. spinographs taken 8-18-36 Case No. 178
and 8-26-36

Major: Atlas AIL - R. Trans. Ant.

Adjs. given:
(Dates)
8-19-36
8-27-36



Case No. 178
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIL R Trans Ant
Adjustments (dates)
8-19-36
8-27-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

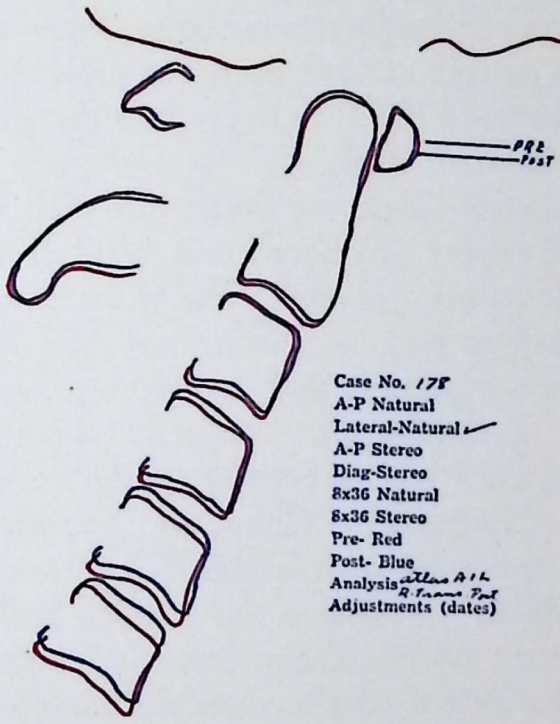
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Start, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-19-36 Case No. 178
and 8-26-36

Major: Atlas AIL - R Trans. Ant.

Adjs. given:
(Dates)
8-19-36
8-27-36



Case No. 178
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIL R Trans Ant
Adjustments (dates)

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

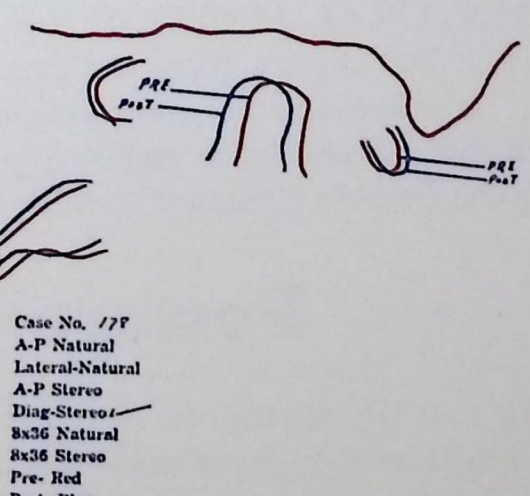
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Start, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 8-18-36 Case No. 178
and 8-26-36

Major: Atlas AIL - R. Trans Ant

Adjs. given:
(Dates)
8-19-36
8-27-36



Case No. 178
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIL R Trans Ant
Adjustments (dates)
8-19-36
8-27-36

CASE No. 182

Male Married Age 33

8/18/36

ENTRANCE COMPLAINTS:

1. Throat trouble.
2. Bronchitis.
3. Tenderness over epigastrium.

PRESENT ILLNESS:

Throat and bronchial trouble have existed since childhood. Epigastrium tender since 1930. Heavy meals disturb. No vomiting.

Appetite, good. Bowels, 1 daily. Bladder, negative. Sleeps fairly when he can relax.

Date case entered Clinic: 8/18/36
Date case left Clinic: 8/27/36
Interval, time lapse — 9 days
Analysis: Atlas ASL
Adjustments: 1
Dates: 8/19/36

---

been established and recorded. It does not matter whether the patient's posture is to be duplicated in two weeks from the original recording, two months or two years, the patient can be positively replaced back to the posture assumed the first day when the primary set of spinographs were made.

The Posture Constant work calls for the most exacting and expert placement and detail ever required in the technic of spinography. The work is tedious. It demands absolute precision work, not only in placement, but in exposure technic and darkroom procedure. In addition, it demands precision-built X-ray equipment. Such equipment has all been specially made for The B. J. Palmer Chiropractic Clinic and to date we are exclusive in this type of scientific X-ray work.

The ability to replace the patient back to the original posture enables the scientific spinographer to determine the extent of the vertebral change brot about thru the adjustment and NOT confuse this with any change in the patient's posture. The posture being CONSTANT, the change that IS shown will be that of the vertebra or vertebrae exclusively, and in no way due to body-posture variables.

While this re-positioning of a patient is most exacting, at the same time, we always allow the case to assume a NATURAL POSITION for the primary set of X-rays. We do not force the case to fit to the equipment. It is most important to allow the patient to assume a natural sitting or standing position when establishing the Posture Constant. After such position is assumed, we then adapt, or adjust, the equipment TO FIT TO THE CASE. This procedure then shows the true, natural subluxation with its various compensating curvatures below and is not changed in any way by what the spinographer thinks, or believes, is the correct posture. Only the Innate of patient knows the posture which is most natural to THAT case, and it is under those conditions that we desire to study and determine the subluxation.

It is an entirely different matter to adapt the equipment to the case for the primary posture and recording and to adapt the case to the equipment at some subsequent time when it is desired to duplicate that original posture. In the first instance, the case assumes natural position most suited to that case; but in the second instance, we replace the case ourselves — even granting such position may not now be natural. In other words, if we are to make an accurate comparison of the subluxated vertebra in its original position, with conditions which originally existed, then we MUST be able to go back, as it were, to that patient's original posture. If we cannot go back to the original posture, then the true extent of the vertebral change cannot possibly be shown. In fact, there would be no relation between the first spinographs and the last spinographs to be compared and with such a condition, with no relationship between the two, we would not actually be making a comparison at all. Thus we see the necessity for the Posture Constant in Comparative Spinograph work.

Posture Constant Equipment

IN building and developing the Posture Constant, it has been necessary to have made special calibrated devices attached to, or made part of the X-ray equipment in The B. J. Palmer Chiropractic Clinic. The type of work conducted in the X-ray Laboratory demands precision-built equipment. That it does accom-

(Sheet 7)

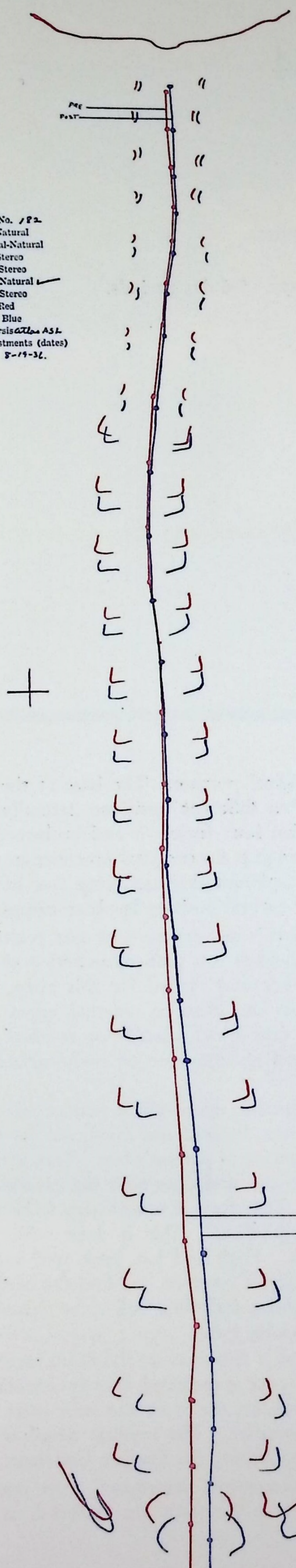
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-18-36 Case No. 182
and 8-22-36

Major: Atlas ASL
Adjs. given:
(Dates)
8-19-36.



Case No. 182
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
8-19-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

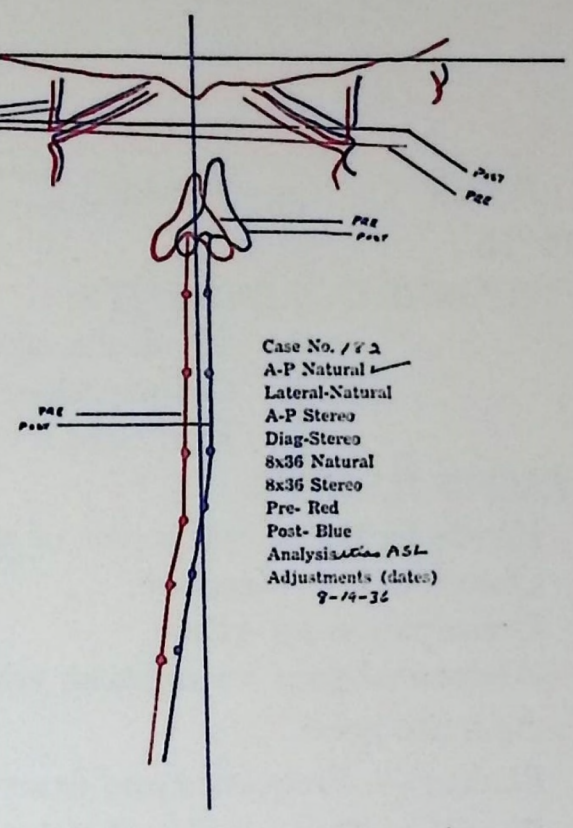
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-18-36 Case No. 182
and 8-22-36

Major: Atlas ASL
Adjs. given:
(Dates)
8-19-36.



Case No. 182
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
8-19-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

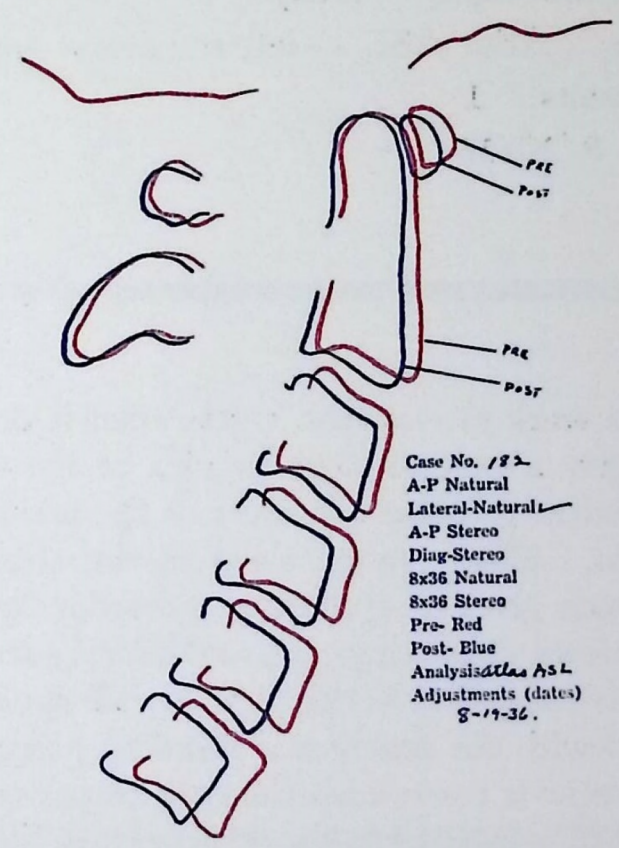
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-18-36 Case No. 182
and 8-22-36

Major: Atlas ASL
Adjs. given:
(Dates)
8-19-36.



Case No. 182
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
8-19-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

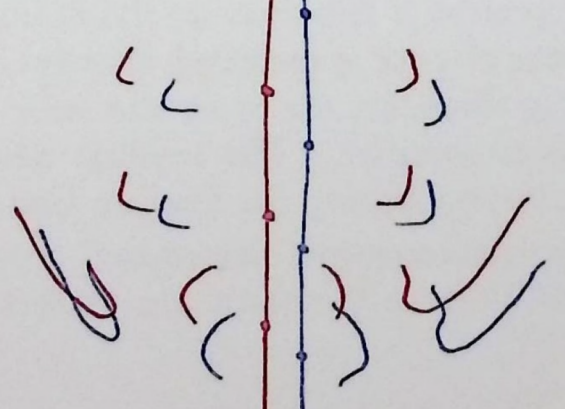
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

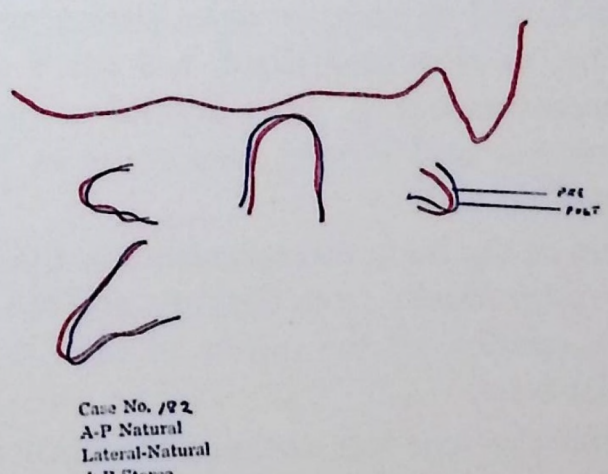
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 8-18-36 Case No. 182
and 8-22-36

Major: Atlas ASL
Adjs. given:
(Dates)
8-19-36





Case No. 182
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
8-19-36.

CASE No. 184

Female Married Age 46

8/19/36

ENTRANCE COMPLAINTS:

1. Headache occipito — frontal.
2. Constipation.
3. Pain right lower quadrant abdomen and epigastrium.

PRESENT ILLNESS:

Headache began with onset of mensis at 14 years. Regular 28 days. 5-6 day periods.
Obstetrical — Negative.
Constipation for years.
Abdominal pain for eighteen years.
Appetite good.
Bladder — Frequency and nocturia.
Bowels — Every 2nd or 3rd day.
Sleep — Quite well.
Date case entered Clinic: 8/19/36
Date case left Clinic: 8/27/36
Interval, time lapse — 8 days
Analysis: Atlas ASL — left transverse anterior
Adjustments: 1
Dates: 8/20/36

---

plish this work proves that it gets what it demands.

To give a general working idea of the equipment, it is sufficient to point out some of the major pieces of apparatus. Chief among these is the chin measurement which gives us a constant posterior skull line on all A-P views, diagonal stereo, and lateral natural views, as well as natural or stereo 8 x 36 full spine pictures. It is used with the sitting and standing postures. This measurement is made with the cork in patient's mouth for the A-P views, but in the diagonal and lateral views, it is made with the mouth closed. The correctness of this measurement is entirely dependent upon the correct height and angle of the Bucky.

Another important measurement is that made from the top of the head to the top of the Bucky. This enables us to check up on cases which are relaxed at one date and rigid at another date; sitting up too straight one time, or slouching down too much another time. This measurement is inter-dependent with the chin measurement and is very important in establishing a Posture Constant.

Two of the basic measurements in this work are the height of the Bucky from the floor and the height of the tube in relation to the center of film, or Bucky, and from the floor.

After the case has assumed the natural position in the primary set of X-rays, the seat upon which the case sits (for cervical views) is then moved laterally until the occipital protuberance is in the center of the film, or Bucky. This is done without actually disturbing the patient's original posture. The base of the seat is divided into ten different positions: laterally right and left of median line; forwards and backwards. In addition to lining up the occipital protuberance with center line, the spinographer can bring case back close to Bucky after natural position has been assumed.

Following this measurement or seat positioning, the edges of shoulders are then measured with two rods especially made and shaped for this purpose, to give distance from shoulders to external edges of Bucky. This avoids false conclusions being reached relative to lower cervical changes due to body-variables in this region.

The turn-table upon which patient sits is marked off into squares, lettered and numbered for purpose of recording position of patient's feet. Even a variation in foot position can and does alter the position assumed by patient. Therefore, it is necessary to be able to duplicate foot position. This is done with patient in stocking feet. High and low heels will vary posture and to establish a constant, we find the best rule is to take all pictures, including full spine (standing) pictures, in stocking feet.

So precise is this Posture Constant work that the exact size of cork is recorded, thereby enabling the operator to duplicate the same size cork from one series of films to another. The smallest detail is not overlooked in establishing the Posture Constant.

The measurements determined from positioning a case for Posture Constant are recorded on a special

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

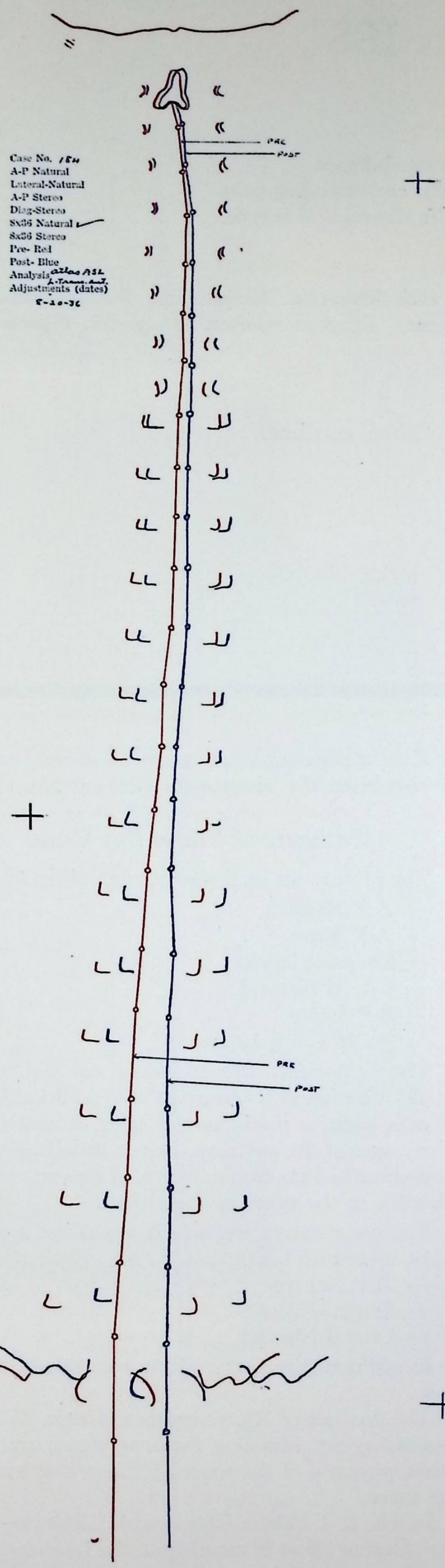
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st x-ray
Blue, 2nd x-ray

Comparative graph between 8x36 film spinographs taken 8-19-36 Case No. 184
and 8-21-36

Major: Atlas ASL-L Trans. and.

Adjs. given (Dates)
8-20-36



Case No. 184
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. and
Adjustments (dates)
8-20-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

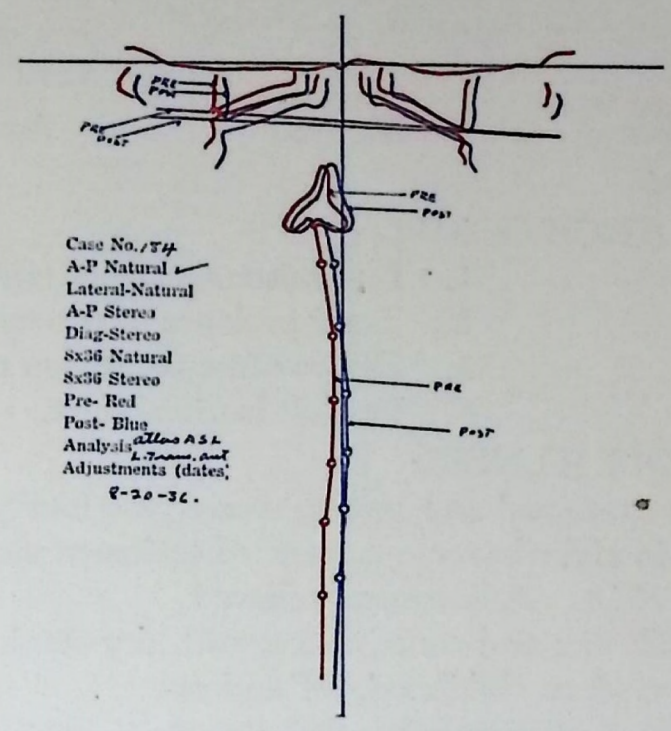
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-19-36 Case No. 184
and 8-21-36

Major: Atlas ASL-L Trans. and

Adjs. given: (Dates)
8-20-36



Case No. 184
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. and
Adjustments (dates)
8-20-36.

(Sheet 3)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

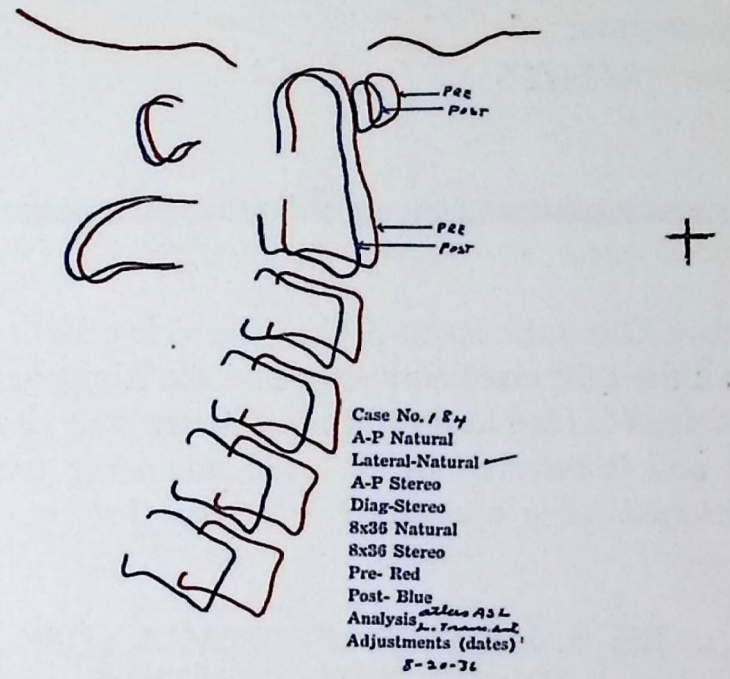
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-19-36 Case No. 184
and 8-21-36

Major: Atlas ASL-L Trans. and

Adjs. given: (Dates)
8-20-36.



Case No. 184
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. and
Adjustments (dates)
8-20-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

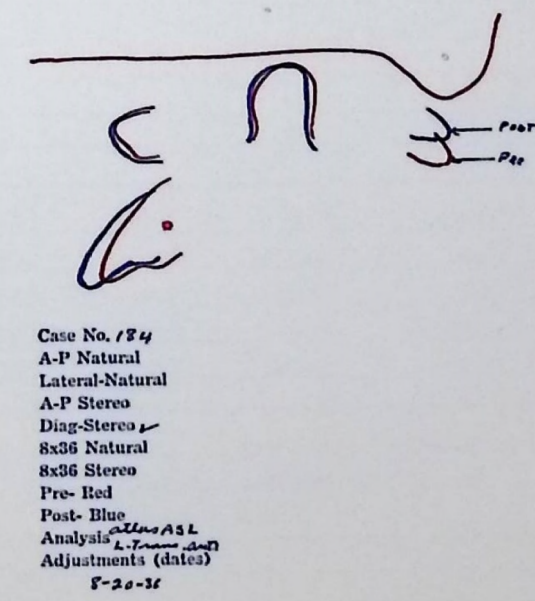
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-19-36 Case No. 184
and 8-21-36

Major: Atlas ASL-L Trans. and

Adjs. given: (Dates)
8-20-36



Case No. 184
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. and
Adjustments (dates)
8-20-36

CASE No. 185

Male Married Age 50

8/19/36

ENTRANCE COMPLAINTS:

1. Intermittent pain — right lower quadrant abdomen.
2. Total prolapse of rectum with protrusion and attending pain.
3. Distress in epigastrium after eating with shortness of breath.
4. Pus left lacrimal duct.

PRESENT ILLNESS:

Rectum, bad and getting worse past four years. Out at each defacation. No bleeding. Burning pain. Pain in right lower quadrant of abdomen since 1934, August. Pressure relieves. Epigastric distress since 1918. Adjustment relieved

Milk diet and constipation with dry stool.

Eye, since childhood, off and on.

Appetite, good. Bowels, two daily. Bladder, negative. Sleep, excellent.

Date case entered Clinic: 8/19/36

Date case left Clinic: 8/27/36

Interval, time lapse — 8 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 8/24/36

Posture Constant Record Sheet, which contains spaces for all the calibrated equipment on the X-ray apparatus. This sheet is filed away with the X-ray records for each case and is referred to in detail whenever the case is positioned for a comparative X-ray. In fact, most of the X-ray equipment is set up and measured just before the case enters the laboratory. (See cut No. 1)

THE B. J. PALMER CHIROPRACTIC CLINIC

X-RAY — EXPOSURE POSTURE CONSTANT RECORD
SHEET 4

Case No. .....

Hour ..... Date ....., 19.....

Name .....

VIEWS	Cass. Ht.	Angle	Tube Ht.	Angle	Dist.	Head Ht.	Chin Ht.	Bar Ht.	Nat.	Stereo
A-P										
DIAG.										
LAT.										
B. P.										
SPINE										
SPECIAL										

HEAD	Tilt.	Degree	Right.	Left	Rotation.
SHOULDERS	Right:	Left.	Body Rot.	Angle.	NB:
PELVIS	Right:	Left.	Forward.	Backward.	Rotation:
SEAT	Right.	Left.	Front.	Back:	Raised:
FEET	R. Heel:	R. Toe:	L. Heel.	L. Toe.	NB:

MISC. Cork size ..... Shoes. on. ..... off. ..... NB .....

False Teeth: Yes..... No..... Head Rest: Yes..... No..... View: .....

REMARKS: .....

Spinographer .....

Cut No. 1

Number of Films Per Case

The primary set of X-rays consists of ten films:

— A-P Natural
— A-P Stereo
— Diagonal Stereo
— Lateral Natural
— B-P Stereo
— 8 x 36 full spine stereo.

That represents the minimum number of films. Should it be found necessary to take additional special pictures, such as pelvis, lateral spine, stomach, lungs, or any part of the anatomy, that is done regardless of the number of films required with, of course, every consideration to the safety of the patient.

The comparative sets which are taken every two weeks, consist of:

— A-P Natural
— Diagonal Stereo
— Lateral Natural

In addition, comparative X-rays are taken of special views.

The final set of X-rays consists of eight films as in the primary set, including the same views, except B-P Stereo, plus any of the special pictures that may have been taken.

In The B. J. Palmer Chiropractic Clinic, we do not spare films or effort in securing all the information it is possible to obtain through proper X-rays, not only of

(Sheet 7)

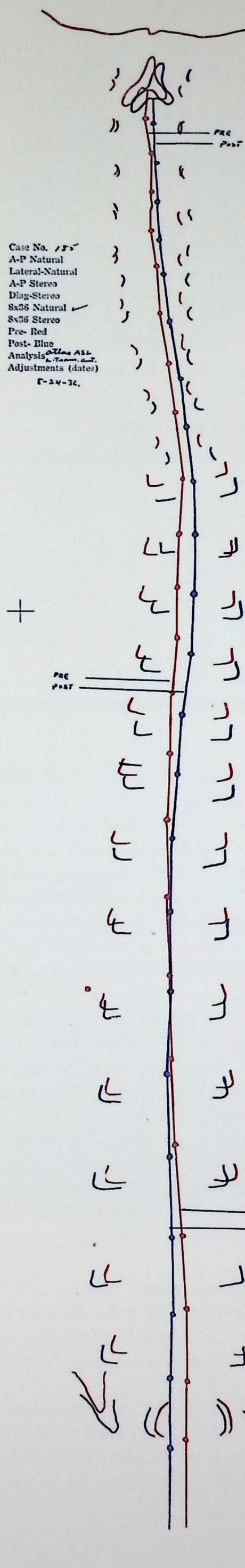
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-15-36 Case No. 185
and 8-22-36

Major: atlas ASL-L Trans. ant
Adjs. given:
(Dates)
8-24-36



Case No. 185
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L-Trans. ant.
Adjustments (dates)
8-24-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

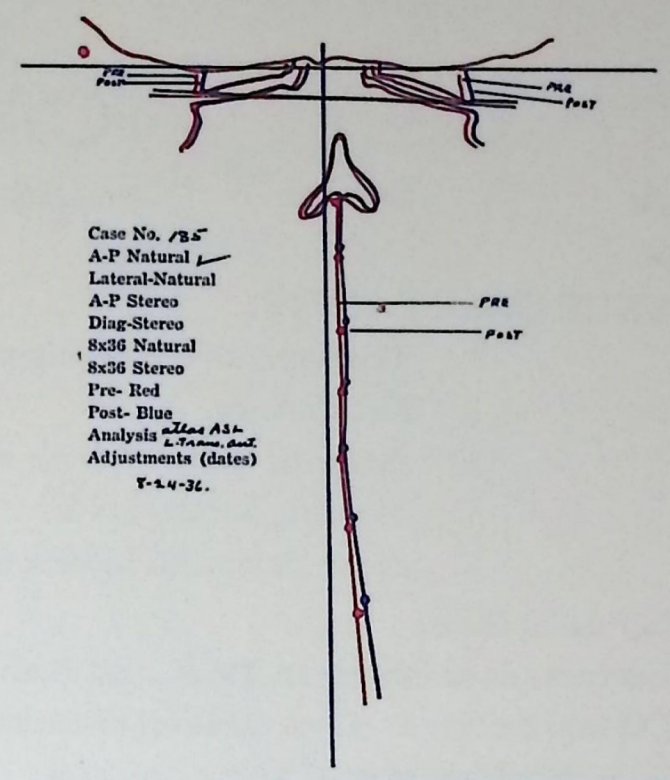
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-19-36 Case No. 185
and 8-22-36

Major: atlas ASL-L. Trans. ant.
Adjs. given:
(Dates)
8-24-36



Case No. 185
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L-Trans. ant.
Adjustments (dates)
8-24-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

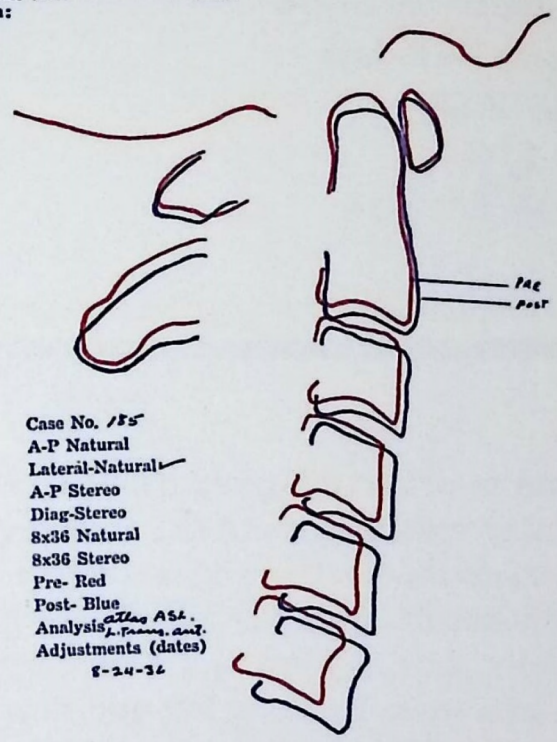
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-15-36 Case No. 185
and 8-22-36

Major: atlas ASL-L. Trans. ant.
Adjs. given:
(Dates)
8-24-36.



Case No. 185
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL. L-Trans. ant.
Adjustments (dates)
8-24-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

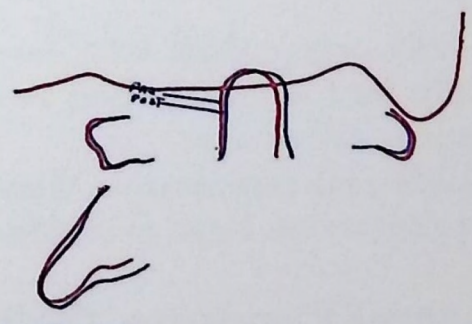
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 8-15-36 Case No. 185
and 8-22-36

Major: atlas ASL-L-Trans. ant.
Adjs. given:
(Dates)
8-24-36



Case No. 185
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L-Trans. ant
Adjustments (dates)
8-24-36

CASE No. 187

Male Married Age 53

8/19/36

ENTRANCE COMPLAINTS:

1. Tenderness — mid-thighs down.
2. Hear flutter.
3. Arthritis pains — both shoulders.
4. Bleeding hemorrhoids.
5. Ache Atlas and branch over right eye.

PRESENT ILLNESS:

Tenderness in thigh began 1929, and bothers. Heart disturbed at the time. Heart bothered first, 1909. Off and on since. Overexertion disturbs.

Pain in shoulders existed about one year. Worse in cold weather. Atlas ache for past year.

Appetite, good. Bowels, regular, one to two daily. Bladder, negative. Sleep, disturbed by shoulders.

Date case entered Clinic: 8/19/36
Date case left Clinic: 8/27/36
Interval, time lapse — 8 days
Analysis: Atlas ASR
Adjustments: 2
Dates: 8/20/36; 8/22/36

the spinal column in determining accurate Chiropractic analysis, but of any special parts of the anatomy which will show the condition of the patient before adjustment, during adjustment, and after adjustment has been completed, thereby showing Pre and Post change and also the change in a series between Pre and Post.

From the standpoint of quantity of films, the Clinic probably uses more X-ray films for original and comparative work than any Clinic in the world.

Every case that has been in the Clinic since August, 1935, up to and including January 1, 1938, has had an average number of 19.4 films taken during the stay in Clinic.

Some may stay only a short time, having less than 19.4 films; many stay longer, having more than 19.4 films and as high as eighty films.

To accomplish real comparative work, it is necessary to be prepared to use large quantities of films.

Constant Exposure Technic

THE establishing of a constant is followed thru in the exposure of patient and is a very important factor in comparative work. A special exposure record sheet has been made for this purpose. Every exposure made of a case is written and dated on this record. Whenever a case comes into the laboratory for a comparative or final set, the same exposure is used in every detail as used in primary set of spinographs. A variable exposure technic from one set of comparative X-rays to another is not advisable or tolerated. The tube distance, KVP, M.A., and time are always the same for each individual case per given view. Any decided change in these factors would cause variables in osseous shadow densities which would be misleading in building accurate comparative X-ray work. Especially is this true of cases having pathological conditions of the bone. Undue varying of penetration, for instance, could make a condition appear something which was not there, or something which was there not present.

Many technicians use different combinations of technic for the various cervical views, that is, a different type of technic from one view to the other. This is acceptable provided the same technic is exactly duplicated for comparative X-rays.

However, I do not see any reason why there should be any great difference in technic between the three views taken of cervical region. For instance, there is not a great deal of difference between an A-P view and a lateral view, so far as tissue thickness, especially of the skull, is concerned.

There are some technics which require a 30″ tube distance for the A-P view and 72″ tube distance for the lateral. Or there are some which specify a decided change in KVP and in time between the A-P and the lateral views.

I reasoned that there should be a constant in all cervical X-ray technic except one factor: the KVP. I also reasoned that X-ray work of cervical region should be done with short exposure time since the greater part

(Sheet 7)

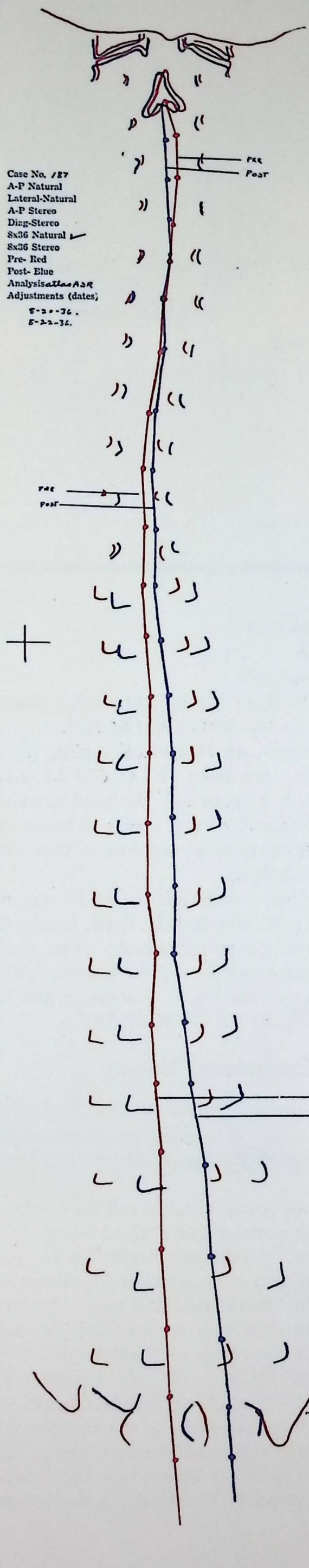
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Path
Blue, 2nd Path

Comparative graph between 8x36 film spinographs taken 8-15-36 Case No. 187
and 8-27-36

Major: atlas ASR
Adjs. given:
(Dates)
8-20-36
8-22-36



Case No. 187
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-20-36.
8-22-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

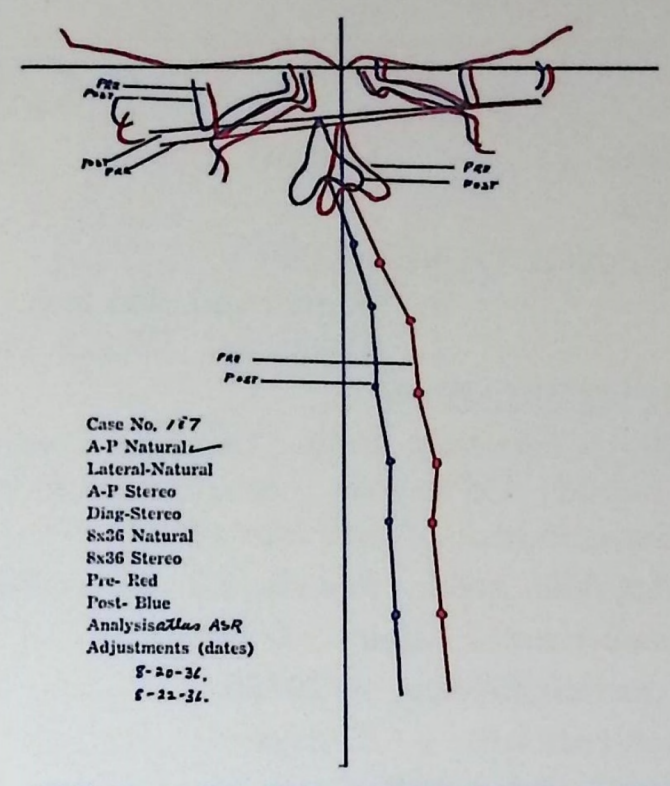
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-15-36 Case No. 187
and 8-27-36

Major: atlas ASR
Adjs. given:
(Dates)
8-20-36
8-22-36



Case No. 187
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-20-36.
8-22-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

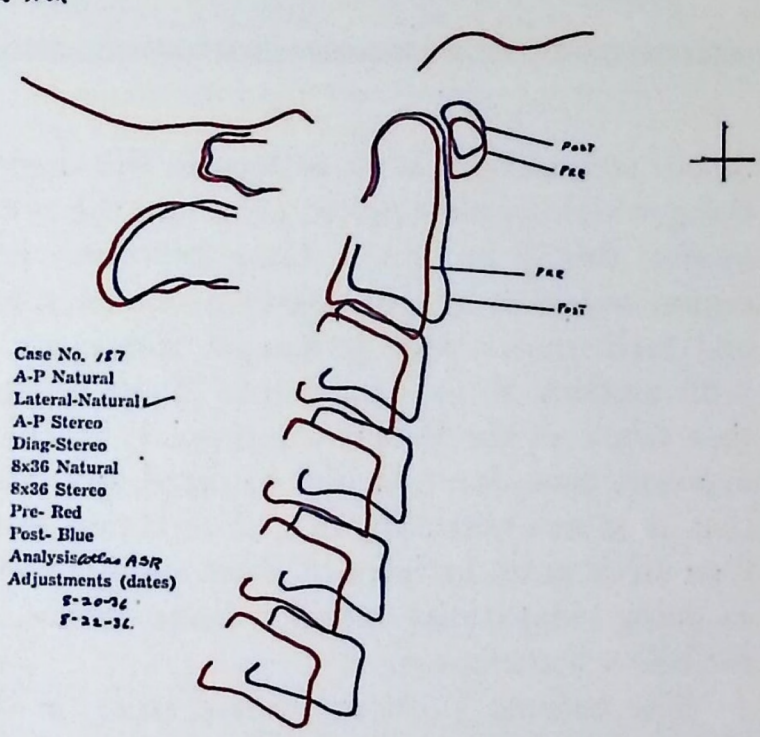
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-15-36 Case No. 187
and 8-27-36

Major: atlas ASR
Adjs. given:
(Dates)
8-20-36
8-22-36



Case No. 187
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-20-36
8-22-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

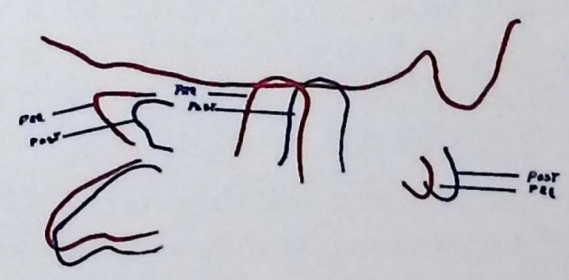
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-15-36 Case No. 187
and 8-27-36

Major: atlas ASR
Adjs. given:
(Dates)
8-20-36
8-22-36



Case No. 187
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR.
Adjustments (dates)
8-20-36
8-22-36

CASE No. 189

Male Married Age 47

8/19/36

ENTRANCE COMPLAINTS:

1. Right hand, skin rash.
2. Headache. Periodic, with upset stomach.

PRESENT ILLNESS:

Began February, 1936. Extended over dorsum hand and ring and little finger. Itches. Headaches since child. Off and on. Average one in four weeks, 12 to 24 hours.

Starts in back of neck over atlas.

Appetite, good. Bowels, 1-2 daily. Bladder, negative. Sleeps very well.

Date case entered Clinic: 8/19/36

Date case left Clinic: 8/29/36

Interval, time lapse — 10 days

Analysis: Atlas ASR

Adjustments: 1

Dates: 8/20/36

---

of our stereoscopic work is done in that region. Anything which would tend to eliminate the possibility of motion should be done. Long exposure time in this region would only give rise to a tendency for motion and furthermore, such prolonged time is not necessary with modern X-ray equipment. I am of the opinion that when all the factors are properly calculated, long exposure time does not add to detail and failing to do that it is not necessary but, if anything, detrimental. One other point in favor of short exposure time is that in doing comparative work, it keeps the M.A.S. total far below a minimum.

The technic I am at present using in The B. J. Palmer Chiropractic Clinic for cervicals is a constant in tube distance (30″); M.A. (20); and time (one second). The only variable which I consider justified is the KVP. This is varied approximately for average cases as follows:

A-P view	76 to 80 KVP
Diagonal view	74 to 78 KVP
Lateral view	72 to 76 KVP
Total M.A.S.	120

This indicates that we drop the KVP two points from A-P to Diagonal, and two points from Diagonal to Lateral. In the listing just given for the KVP, I give a range of four points for each view, which covers the average type of adult case.

B.P. Stereo Technic for average case:

35″ — Tube Distance
84 to 88 — KVP
30 — M.A.
2½ Seconds
Total M.A.S. — 150

The general technic for full spine pictures, covering cases from 130 to 160 pounds, is as follows:

60″ Tube Distance
76 to 86 KVP
25 M.A.
5 to 8 seconds
Total M.A.S.: 125 to 200 for flat pictures
Stereo 8 x 36; 250 to 400 M.A.S.

A complete stereo set of cervical region, plus full spine stereo totals, then from 520 to 670 M.A.S. for average case, which is about half the total specified by the U. S. X-ray Manual, even if it was all taken at 30″ tube distance; but the greatest exposure is made at 60″, which reduces it further.

The M.A.S. for a comparative set in our work, taken between the Primary and the Final, is only 80.

To me, X-ray is a power which, when properly used, shows us many wonders of the human body and makes possible one of the major divisions in the analysis of locating the CAUSE OF DISEASE.

Equipment Set-up

THE entire X-ray equipment in The B. J. Palmer Chiropractic Clinic is installed on chromium-plated tracks, which keeps all the apparatus properly lined up and plumbed.

Periodically, we double-check on all the tracks, tube centers, etc., to be positive that nothing has gotten out of line in any way. A tube center which is just part of an inch off center, can cause considerable distortion or misinformation, at 30-inch tube distance. At 60-inch tube distance, this distortion is magnified just double. It is essential that everything is plumb-lined.

In fighting MOTION — the old enemy of X-ray — we have installed steel chromium-plated pipes which connect the top of various parts of the equipment, and these are fastened to walls of X-ray laboratory. In addition, other parts of the equipment have been anchored to floor. This absolutely insures no motion in any of

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st exam
Blue, 2nd exam

Comparative graph between 8x36 film spinographs taken 8-15-36 Case No. 189
and 8-29-36

Major: Allen ASR
Adjs. given (Dates)
8-20-36

CASE No. 194

Male Married Age 44

8/20/36

ENTRANCE COMPLAINTS:

1. Heart. Extrasystole in high altitudes.
2. Hemorrhoids — bleeding.
3. Liver trouble.

PRESENT ILLNESS:

Heart began, 1933. Caught by wave and thrown to injure neck. Hemorrhoids began at same time, and liver bothered at same time.

Appetite, good. Bowels, one daily. Bladder, negative. Sleep, disturbed, (improved recently).

Date case entered Clinic: 8/20/36
Date case left Clinic: 8/28/36
Inter al, time lapse — 8 days
Analysis: Atlas ASL
Adjustments: 1
Dates: 8/25/36

---

the equipment. The absence of slightest motion in X-ray work steps-up quality of detail on films more than the average technician may realize. It produces clear-cut, clearly-defined detail, especially so far as cervical work is concerned.

It is interesting to note that in Clinic X-ray Laboratory, we have over one ton of lead on the walls to protect people in other parts of Clinic, and at the same time absorb secondary rays which we believe might be in air after an X-ray exposure.

For protection of operators, a special lead and lead-glass booth has been constructed in which operators stand, completely surrounded by lead and yet able to see patient. The booth has a door, and it is actually impossible for those in booth to come in contact with either direct or secondary X-rays.

The equipment is all automatically controlled with control-release buttons inside booth itself. These buttons automatically and electrically release buckies and start X-ray exposure of either of two X-ray units in laboratory. If desired, hand-timers may be used from inside booth.

It is perhaps needless to mention that all X-ray equipment in Clinic is shock-proof to patient as well as operators.

Everything which modern science knows in the way of protection from X-rays has been installed in X-ray laboratory, for benefit of both patients and operators.

Darkroom Constants

VARIABLES in darkroom have been replaced by constants.

Such matters as correct temperature of developing and hypo solutions are kept constant by two automatic Frigidaire units. Even rinsing water is kept extra cool in summer by these units.

Red safe lights are kept at minimum brightness. Films are kept in lead-lined cabinets in addition to protection afforded by the ton of lead in laboratory.

Developing and hypo solutions are always kept fresh to assure maximum efficiency.

All these and many more points in daily darkroom procedure are kept constant, thereby adding to the major and greater constants in this work.

Abnormalities

IN the process of building constants for X-ray work and X-ray interpretations, it is important to mention the great value of recognizing and understanding abnormalities of the spine and the surrounding structures.

It is essential to be able to instantly recognize abnormal conditions when they exist. To know the abnormal, it is first necessary to know the normal. With the introduction of the stereoscopic work in our profession several years ago, it greatly stepped-up our ability to SEE these abnormal conditions, but only in proportion that we had the knowledge to RECOGNIZE them by knowing the normal anatomy.

In this respect there is nothing finer to study than the osteological collection in the Osteological Laboratory of The B. J. Palmer Chiropractic Clinic. The Laboratory consists of the largest and finest collection of osseous specimens to be found anywhere in the world. It surpasses the finest collections made in medical institutions and was builded over a period of

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

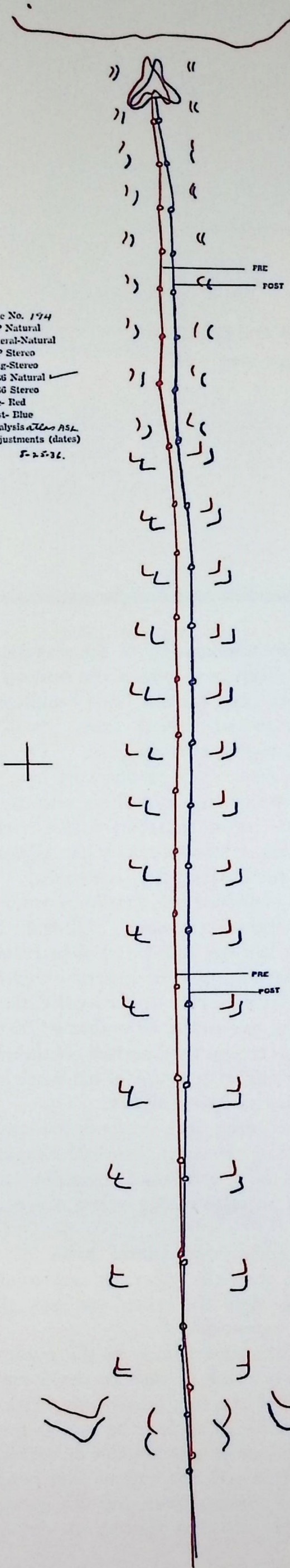
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-20-36 Case No. 194
and 8-25-36

Major: Atlas ASL

Adjs. given: (Dates)
8-25-36



Case No. 194
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
8-25-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

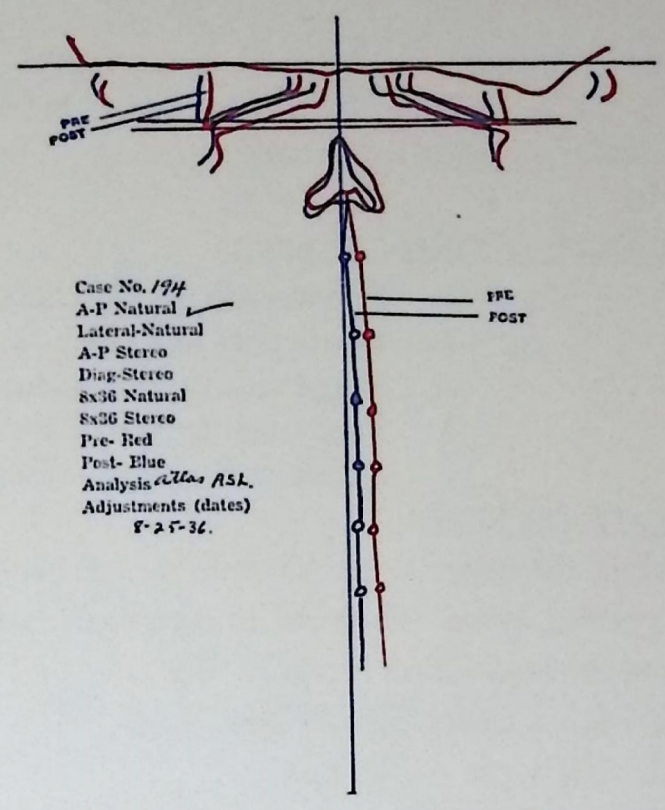
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between A-P Nat. spinographs taken 8-20-36 Case No. 194
and 8-28-36.

Red, entering data
Blue, leaving data

Major: Atlas ASL.

Adjs. given: (Dates)
8-25-36.



Case No. 194
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL.
Adjustments (dates)
8-25-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

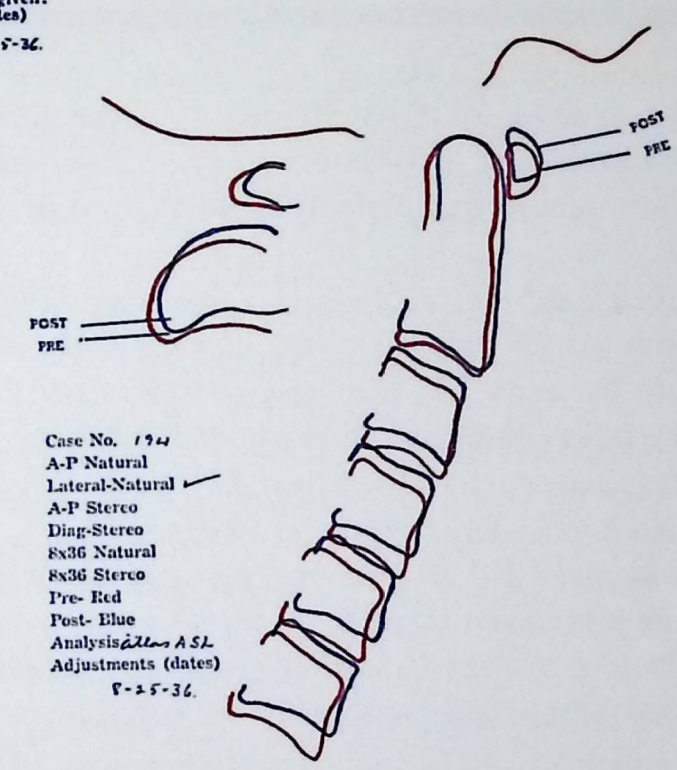
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken 8-20-36 Case No. 194
and 8-28-36

Red, entering data
Blue, leaving data

Major: Atlas ASL.

Adjs. given: (Dates)
8-25-36.



Case No. 194
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
8-25-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

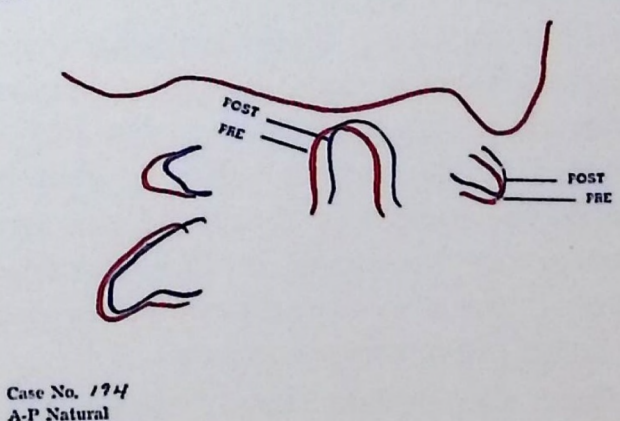
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken 8-20-36 Case No. 194
and 8-25-36

Red, entering data
Blue, leaving data

Major: Atlas ASL

Adjs. given: (Dates)
8-26-36



Case No. 194
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
8-25-36

CASE No. 195

Female Married Age 37

8/20/36

ENTRANCE COMPLAINTS:

1. Pelvic pain — Dysmenorrhea.
2. Headache, left side.
3. Right side nostrils close at night.
4. Feet swell in warm weather.
5. Infection in gums. Enlarged tonsils.

PRESENT ILLNESS:

Pelvic disturbance off and on since 1924. Headache since 1929, off and on.

Appetite, good. Bowels, one to two daily. Bladder, negative. Sleeps very well.

Date case entered Clinic: 8/20/36

Date case left Clinic: 8/28/36

Interval, time lapse — 8 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 8/24/36

---

years at a cost of over $150,000. There are over 19,000 specimens in this Laboratory. The value of this collection could not possibly be measured in dollars and cents.

The ideal combination to gain knowledge of osseous structures is to be able to study the normal and abnormal side by side. In this respect, the Osteological Laboratory offers the ideal in this type of study.

The Laboratory has been builded with special attention directed to the collection of spines both in regard to quantity and to extreme abnormalities of the spine. There is every type of spine, or spinal segment, anyone would confront in actual practice, and perhaps many which one would never have occasion to see.

As an example of the importance of recognizing abnormalities of the spine, I state the following case:

A short time ago, one of the patients of the Clinic was directed to me concerning her X-rays. It appears that her home Chiropractor had been in Clinic to see her X-rays during my absence. The fine detail brot out in our films showed a condition which this Chiropractor concluded was a piece chipped or broken away from the atlas ring. Upon return to his city, he informed the mother of the patient what he thot had occurred and made the statement that until this fractured piece had grown together again, her daughter would not make progress; that such a condition would press upon the spinal cord, preventing recovery.

When the patient heard about this, thru the mother, she naturally became very upset and was decidedly discouraged about her ever regaining health again, notwithstanding as a paralytic case she was making remarkable progress.

Upon going over the films with the patient, I found the condition which the home-Chiropractor referred to was merely a bifid abnormality of the posterior ring of atlas. It is a condition in which the osseous development of posterior ring has not been completed; it occurs often with premature-birth cases. It is doubtful if it would join together in any case. There was no fracture, or chipping away of the vertebra. A bifid condition of posterior ring is nothing serious. It does not cause pressure upon spinal cord as a condition in itself, neither does it interfere with the adjustment of atlas. We find such cases quite frequently.

As soon as I explained this condition to the patient, she immediately became at ease. All fears of never regaining health left her mind and thus another case was saved from giving up Chiropractic — giving it up solely thru ignorance on part of her local Chiropractor.

I merely point this out to show that a Chiropractor MUST be able to recognize abnormal conditions of the spine if he is to build a constant in his work as a Chiropractor and trained spinographer.

It happens so often that occiputs are malformed, one side larger than the other; one-half hanging lower than other. Such a condition naturally causes incorrect listing of an atlas wedge unless it is recognized immediately.

Quite frequently, one lateral mass of atlas is larger, or wider, than the other; or one transverse is shaped differently than the other; one may point upward, the other downward.

Another common abnormality is the posterior ring of atlas, apart from lack of osseous development just mentioned, in which the ring is unevenly formed, probably causing posterior tubercle to be over to one side as a matter of development and not due to misalignment.

These conditions and many more finer points in relation to cervical abnormalities and the entire spinal column as a whole, for that matter, are details which

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

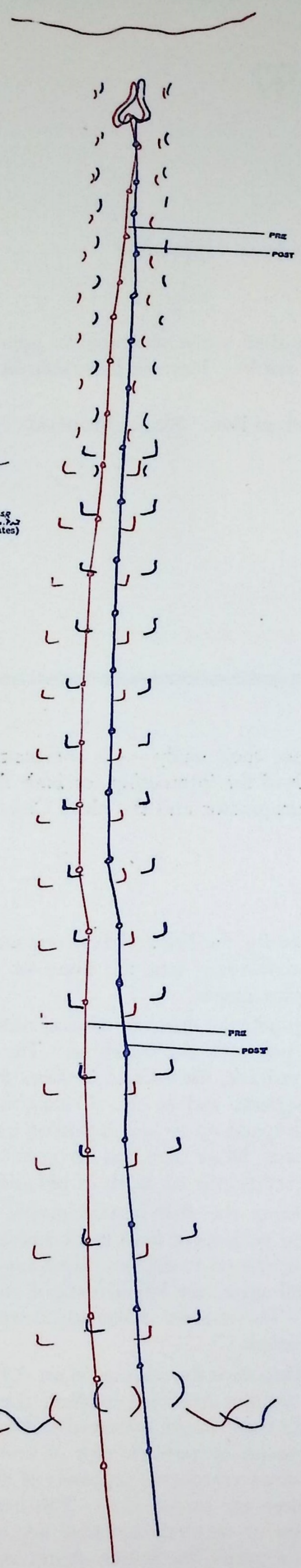
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-20-36 Case No. 195
and 8-22-36

Major: Atlas ASR - R. Trans. Post

Adjs. given
(Dates)
8-24-36



Case No. 195
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R-Trans. Post
Adjustments (dates)
8-24-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

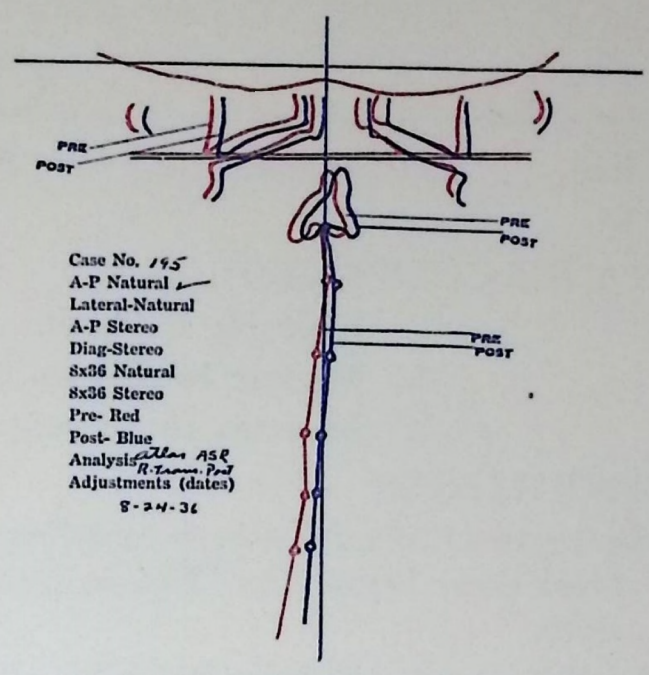
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-20-36 Case No. 195
and 8-22-36

Major: Atlas ASR R Trans Post

Adjs. given:
(Dates)
8-24-36



Case No. 195
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R-Trans. Post
Adjustments (dates)
8-24-36

(Sheet 3)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

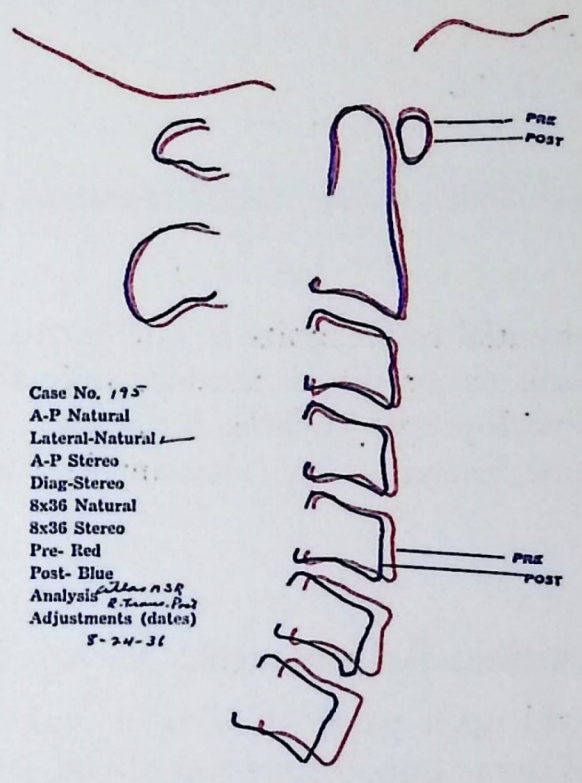
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-20-36 Case No. 195
and 8-22-36

Major: Atlas ASR - R. Trans Post.

Adjs. given:
(Dates)
8-24-36



Case No. 195
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R-Trans. Post
Adjustments (dates)
8-24-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

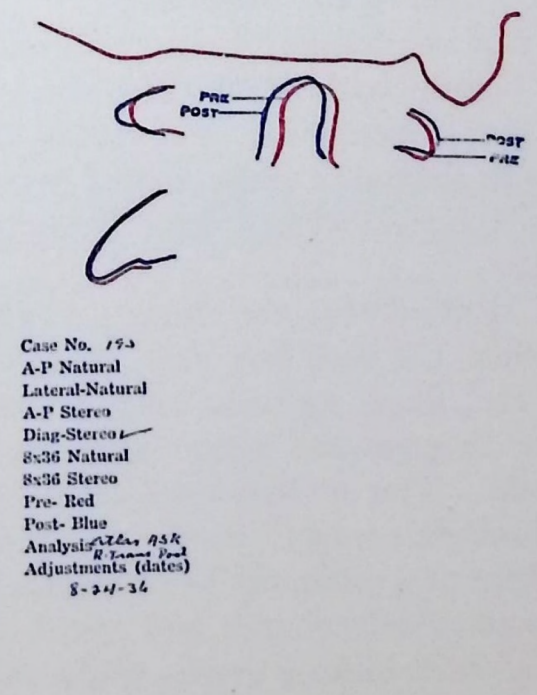
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-20-36 Case No. 195
and 8-22-36

Major: Atlas ASR - R-Trans - Post

Adjs. given:
(Dates)
8-24-36



Case No. 195
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R-Trans Post
Adjustments (dates)
8-24-36

CASE No. 197

Male Married Age 48

8/20/36

ENTRANCE COMPLAINTS:

1. Right hip and back.
2. Nervous breakdown, spring 1936. Infectious basis. Influenza.
3. Insomnia (improved).

PRESENT ILLNESS:

Hip began 1910 and has been troubling off and on since. Disturbed when stooping to adjust. Nervous break down began after "Flu" in spring 1936. In bed three weeks. Has not been able to sleep so well since.

Appetite, good. Bowels, 1-2 daily. Bladder, nocturia, 4-5, off and on. Sleep, disturbed.

Date case entered Clinic: 8/20/36
Date case left Clinic: 8/28/36
Interval, time lapse — 8 days
Analysis: Atlas ASL — right transverse posterior
Adjustments: 1
Dates: 8/21/36

---

are very essential to recognize in our scientific work of today. Such recognition is attained only thru proper study and with proper facilities for study.

This one reason — the abnormalities and proper facilities for their study — is sufficient to justify the cost involved for interneship for both the newly graduated Chiropractor and the older Chiropractor in the field.

SECTION TWO

Subluxation-Adjustment X-ray Graphs

TO depend upon personal opinions and conclusions reached from comparing a series of films to determine changes in the spine, even with the Posture Constant, would NOT be scientific. We wanted a means of comparison which would take the personal-opinion-element out of the picture, something which would show in a mechanical way and in what degree, the actual changes in position of the vertebrae.

To this end we developed the Subluxation-Adjustment X-ray Graphs with which these changes could be shown on a graph sheet made from special oiled tracing paper and with the use of india colored inks, each color representing a certain comparative X-ray taken on a certain date.

Bearing in mind that the Posture Constant HAS been established; the skull line, chin, shoulders, seat position, feet, etc., fixed, we make an accurate tracing of the Primary Spinographs taken when the case first entered Clinic. This is done on a large tracing table with variable-light-control density underneath, heat from bulbs kept at a minimum by circulating air.

The necessary information and spinal changes can be determined from making graphs of the A-P Natural, Lateral Natural, Diagonal Stereo R., and the full spine Natural, or full spine Stereo R. Graphs are made of these views for the Pre and Post sets and for the comparative continuous sets, the same set is made minus the full spine graph.

The graphs are made by tracing certain land marks and high points of the vertebrae. The first tracing is made in red ink, the second in blue, third in purple, fourth in green, and so on. Comparative continuous graphs are made up to and including six colors, or six comparisons. More than this becomes confusing. The Pre and Post graphs are made of red and blue only.

In making the A-P natural graph, the occiput is traced as a permanent land mark and basis for all the other comparisons to follow. This same basis is used for the full spine, the lateral natural and the diagonal stereo R. The mastoid is also added with the diagonal stereo R. graph.

To follow thru the tracings of an A-P natural graph after the occiput has been marked, the lateral masses of atlas are then traced, odontoid and centrum of axis, spinous process of axis and tips of cervical vertebrae. In cases where transverse processes of atlas are clearly shown, these are traced also. The axis and spinous process tips of cervical vertebrae are then joined together by a graph line which shows very clearly any scolioses and rotations which may exist. This joining together of spinous process tips is followed thru in the

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

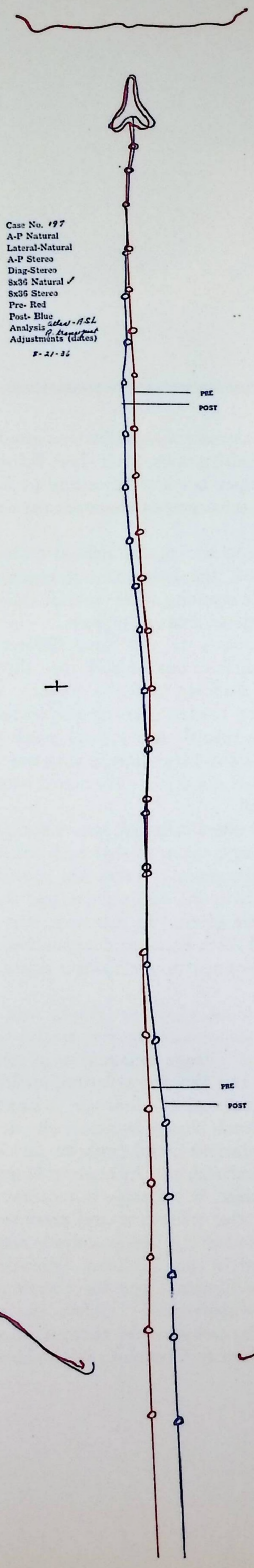
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Sitt. Blue, 2nd Sitt.

Comparative graph between 8x36 film spinographs taken 8-20-36 Case No. 197
and 8-28-36

Major: atlas A.S.L-R Trans Post

Adjs. given: (Dates)
8-21-36



Case No. 197
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A.S.L. R. transpost
Adjustments (dates)
8-21-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

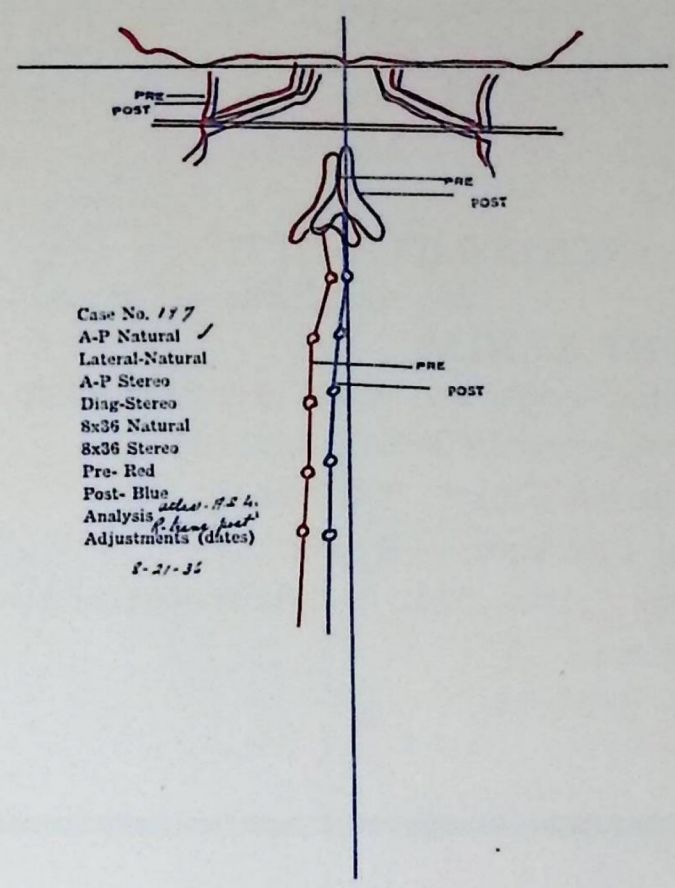
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-20-36 Case No. 197
and 8-28-36

Major: atlas A.S.L-R Trans Post

Adjs. given: (Dates)
8-21-36



Case No. 197
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A.S.L. R. trans post
Adjustments (dates)
8-21-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

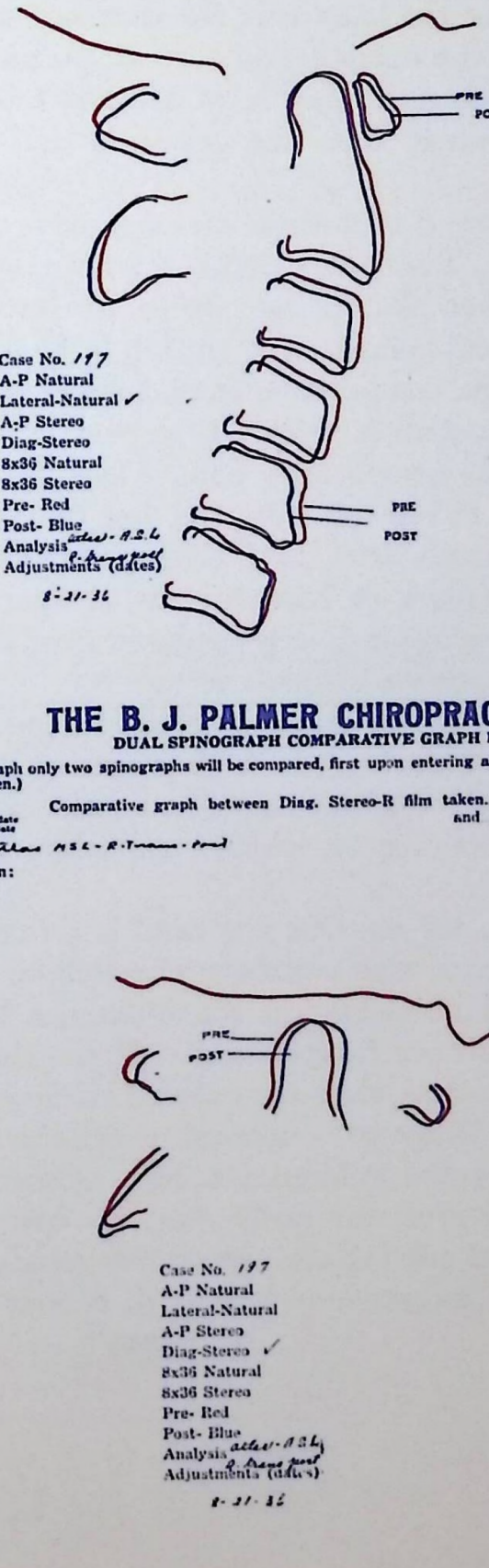
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-20-36 Case No. 197
and 8-28-36

Major: atlas A.S.L-R Trans Post

Adjs. given: (Dates)
8-21-36



Case No. 197
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A.S.L. R. transpost
Adjustments (dates)
8-21-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-20-36 Case No. 197
and 8-28-36

Major: atlas A.S.L-R Trans Post

Adjs. given: (Dates)
8-21-36

Case No. 197
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A.S.L. R. transpost
Adjustments (dates)
8-21-36

CASE No. 198

Male Married Age 41

8/21/36

ENTRANCE COMPLAINTS:

No complaints — General Checkup. Underweight.

PRESENT ILLNESS:

Underweight and wants general checkup.

Date case entered Clinic: 8/21/36

Date case left Clinic: 8/29/36

Interval, time lapse — 8 days

Analysis: Atlas ASL — right transverse posterior

Adjustments: 1

Dates: 8/22/36

full spine pictures which enables us to see so clearly the various curvatures in the spinal column and their changes under adjustment.

For the lateral natural graph, following the basis, i.e., the occiput, the posterior tubercle of atlas is traced, the anterior tubercle, then the odontoid of axis and centrum and the centra of cervical vertebrae. This shows lateral contour and the presence of a lordosis or kyphosis, also position of atlas.

After tracing the basis for the diagonal stereo R. graph which is the occiput and thru to and including mastoid, the posterior tubercle of atlas is traced and the right transverse, then the odontoid and spinous process of axis.

Bearing in mind that these tracings have all been made in red ink, it is then a simple matter to see what changes have taken place in two weeks, for instance, by making the second comparative tracing in blue ink.

In making the comparative tracing, the first or red tracing of the occiput is replaced, or overlapped, over the occiput of the comparative film. Once the occiput has been traced in red ink from the first film, it is not traced again because it is, as I have pointed out, the permanent land mark or basis for the comparisons to follow. This tracing is merely replaced over the occiput of each comparison thereafter.

After replacing the graph over the occiput of the film to be compared, the same high points of the atlas, axis, and cervical vertebrae are then traced in various colored inks depending on which comparison is under consideration.

In that way, we see that the head is a fixed point and any change in the vertebrae themselves, due to adjustment, will be shown in the difference between the various colors or comparisons. If no change in position has occurred, then the colored tracings would over-lap. If a change has occurred, a definite shifting will be shown by the colored tracings. Changes in scoliosis and rotations are easily seen by comparing these colored lines joining the tips of the vertebrae.

The Graph Laboratory in The B. J. Palmer Chiropractic Clinic contains eleven different graph sheets for regular and special graphs, each sheet being numbered and having proper heading according to its classification. The full spine graphs are made on a single sheet 36 inches long.

In addition to the special lighted tracing table already mentioned, the laboratory is equipped with a large architect's drawing table, special drawing equipment and a large assortment of inks.

It was necessary to test forty different kinds of tracing paper before one suitable for the tracing of osseous X-ray shadows could be found. The crystal formation in the frosted glass on the tracing table together with the special oiled tracing graph paper gives the impression of a very delicate film over the X-ray negative and does not deprive the actual view of any of its osseous detail.

Each graph sheet contains spaces for the dates of comparative X-rays taken so that each color shows the date right on the sheet. Spaces are provided for the major for that case, the case number and the dates the adjustments were given. In this way, it is possible to check back and forth between comparative X-ray date and date of adjustment to see changes desired or anticipated.

Each individual view, or graph, will show the following changes in studying comparative tracings:

A-P Natural: change in laterality of atlas, shifting of axis spinous and also axis centrum, scolioses and rotations of cervical region. Increase in length of neck.

Lateral Natural: change in superiority or inferiority of atlas, also anteriority, and kyphotic or lordotic conditions of cervical region. Increase in length of neck.

Diagonal Stereo. R.: changes in rotation of atlas by checking right atlas transverse and posterior tubercle.

8 x 36 Full Spine: changes in scolioses and rotations Increase in length of spinal column. Also tilt in ilia.

The Posture Constant and the comparative X-ray graphs are inter-dependent. Unless the graphs are used to make the comparisons, there is no purpose in establishing a Posture Constant; and unless a Posture

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

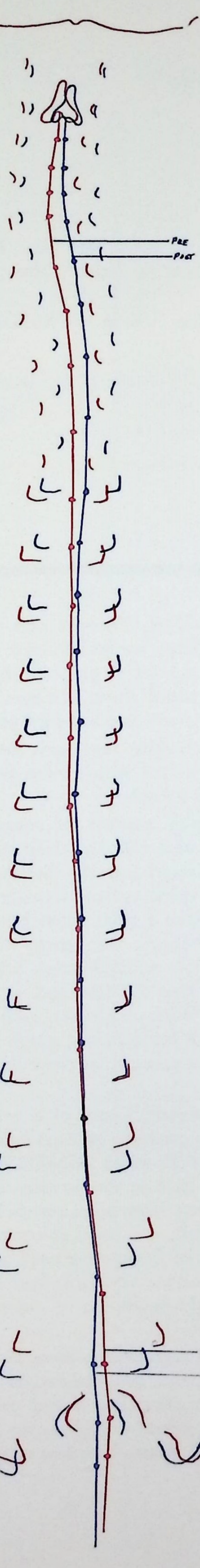
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-21-36 Case No. 175
and 8-22-36

Major: Atlas ASL - R Trans Post.

Adjs. given:
(Dates)
8-22-36



Case No. 175
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL R. Trans Post
Adjustments (dates)
8-22-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

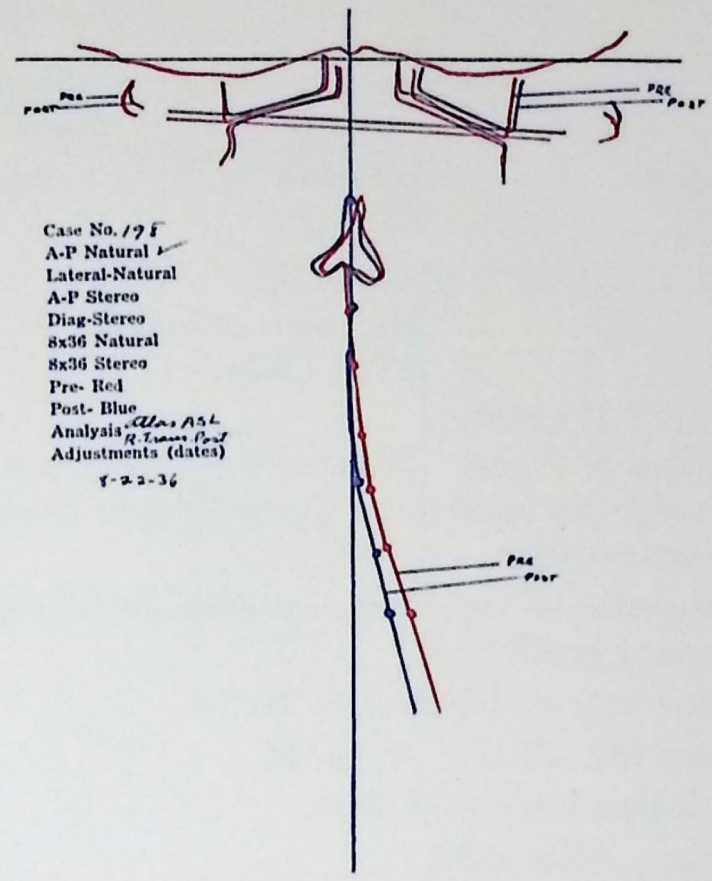
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-21-36 Case No. 175
and 8-21-36

Major: Atlas ASL - R. Trans. Post.

Adjs. given:
(Dates)
8-22-36



Case No. 175
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL R. Trans. Post
Adjustments (dates)
8-22-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

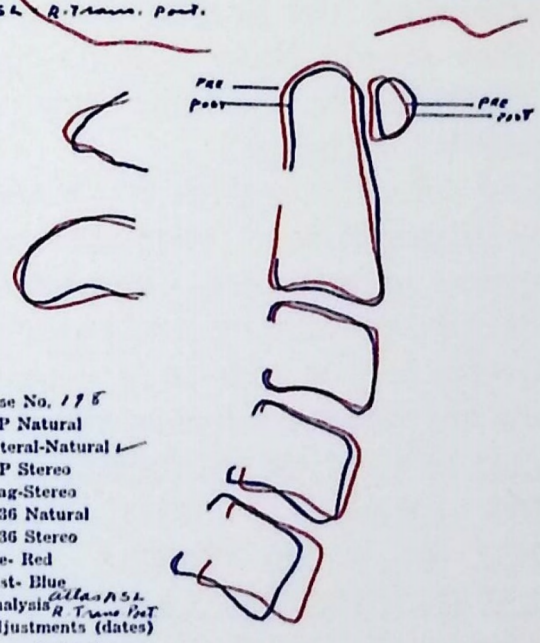
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-21-36 Case No. 175
and 8-21-36

Major: Atlas ASL - R. Trans. Post.

Adjs. given:
(Dates)
8-22-36.



Case No. 175
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL R Trans Post
Adjustments (dates)
8-22-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-21-36 Case No. 178
and 8-22-36

Major: Atlas ASL - R. Trans. Post

Adjs. given:
(Dates)
8-22-36

Case No. 178
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL R Trans Post
Adjustments (dates)
8-22-36

CASE No. 199

Male Married Age 50

8/20/36

ENTRANCE COMPLAINTS:

1. Shortness of breath.
2. Tires easily.

PRESENT ILLNESS:

Began 8/19/36. Noticed short of breath while sitting down. Never can swim very far. Doesn't tire on ordinary exertion. Turned down on life insurance in 1932 on account of heart. Has tired easily for over a year.

Appetite — decreased. Bowels — Constipation. Bladder — Negative. Sleep — Variable; sometimes very good.

Date case entered Clinic: 8/20/36

Date case left Clinic: 8/28/36

Interval, time lapse — 8 days

Analysis: Atlas ASR

Adjustments: 1

Dates: 8/21/36

Constant IS established, the graphs would be of no value because they would show a body variable in posture which SHOULD be constant, showing ONLY the vertebral variable, or change.

The great step which this work has made possible is the complete elimination of personal opinions in making comparative spinographic interpretations and instead has produced a positive method of measurement which any Chiropractor, or patient, can see for himself by comparing the various colors in the graphs.

THIS WORK HAS TAKEN COMPARATIVE SPINOGRAPHS OUT OF THE FIELD OF THEORY AND PLACED THEM STRICTLY AND WHOLLY IN THE REALM OF SCIENCE.

It shows us what the actual results of the adjustment are; it gives us positive information on the adjustment and its effect upon the specific vertebra adjusted and upon the entire spinal column.

ADDENDA TO SECTION TWO

Realizing that the only one human factor remaining in the Subluxation-Adjustment X-ray Graph was the necessity of tracing the image from the film underneath to the graph on top, and that the complete elimination of all human elements, or variables, was our aim in the Clinic, I experimented in May, 1937, along the lines of a photographic process of making photographic prints from two or more X-ray negatives.

This, then, would do away with any and all human elements in showing comparative changes and would place the entire structure upon a scientific, strictly mechanical basis, even more scientific than our present work.

Notwithstanding any true scientist IS honest in his recordings and findings, we did occasionally have such remarks passed by Chiropractors and laymen, insinuating that perhaps we had moved the X-ray films underneath the comparative graph in making the tracings, so that we could show changes of a favorable nature when such were not actually present.

While it is deplorable that such insinuations arise, it is, nevertheless, a fact which must be faced, a problem which must be solved.

The photographic process of comparative graphs would completely and entirely clear away any doubt arising in anyone's mind as to the dishonesty in showing the changes in the spine as they actually are. It would be impossible to make a print from two negatives and "shift" the films to suit our fancy. Such a "shift" would show a double occiput print, which would immediately indicate that the first and second films were not properly fused with occiput on each film — a very necessary procedure for accurate graph work, whether in the photographic process, or the colored ink tracing process.

I do not, at present, know of a process in which two or more colors could be printed from two or more negatives onto ONE print SIMULTANEOUSLY. For that reason, at least at this writing, it would not be possible to show the comparative prints in color. However, the first, second, and third comparatives could be marked directly on each negative with arrows pointing to the high points of the vertebrae and in that way accomplish what could be shown in color under the ordinary method.

In using the photographic process, the lateral masses of atlas, transverse, etc., are outlined in ink directly on the negative. The axis spinous and centrum, tips of spinous processes, joined together, as in the tracing made onto the graph sheet. The first negative is marked

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Bed, 1st visit
Blue, 2nd visit

Comparative graph between 8x36 film spinographs taken 8-20-36 Case No. 197
and 8-28-36

Major: atlas ASR
Adjs. given (Dates)
8-21-36

Case No. 197
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-21-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

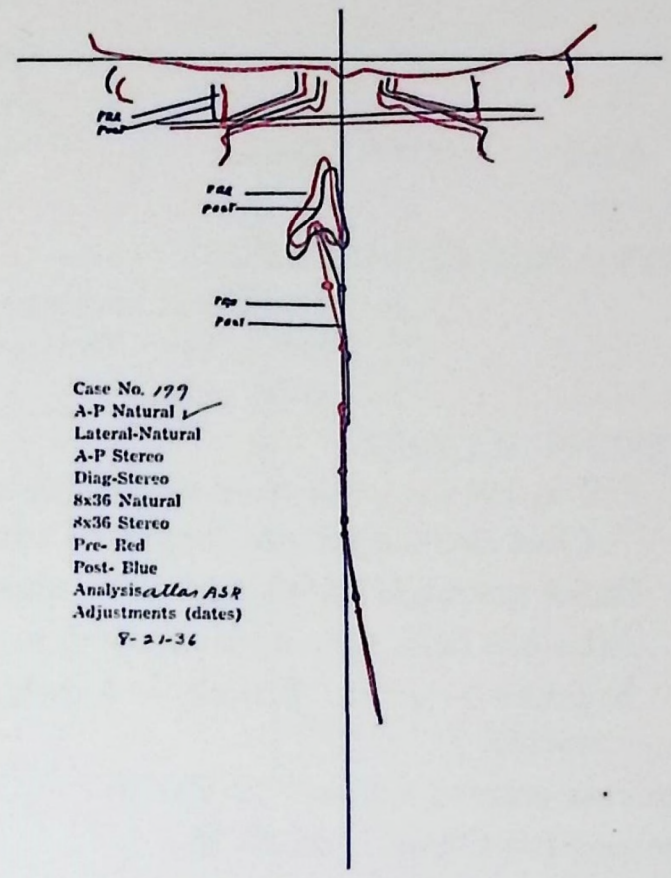
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-20-36 Case No. 199
and 8-28-36.

Major: atlas ASR
Adjs. given: (Dates)
8-21-36



Case No. 199
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-21-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-20-36 Case No. 199
and 8-28-36

Major: atlas ASR
Adjs. given: (Dates)
8-21-36

Case No. 197
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-21-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-21-36 Case No. 197
and 8-28-36.

Major: ASR
Adjs. given: (Dates)
8-21-36

Case No. 197
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
Adjustments (dates)
8-21-36

CASE No. 201

Male Single Age 44

8/21/36

ENTRANCE COMPLAINTS:

1. Traumatic paralysis right arm with atrophy.
2. Left. Tic. Doloreux
3. Atlas ache.

PRESENT ILLNESS:

Fall in 1915 — Fell from freight train, striking left elbow and shoulder. Head struck journal of car. In a few days, right arm began to ache. Malaria followed and arm did not come back.

Facial neuralgia (left) past two years. Impacted molar removed in 1923.

Atlas has been sore since accident in 1915.

Appetite — good. Bowels — 1 daily. Bladder — Negative. Sleep — Restless but sleep well after getting started.

Date case entered Clinic: 8/21/36

Date case left Clinic: 8/29/36

Interval, time lapse — 8 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 8/22/36

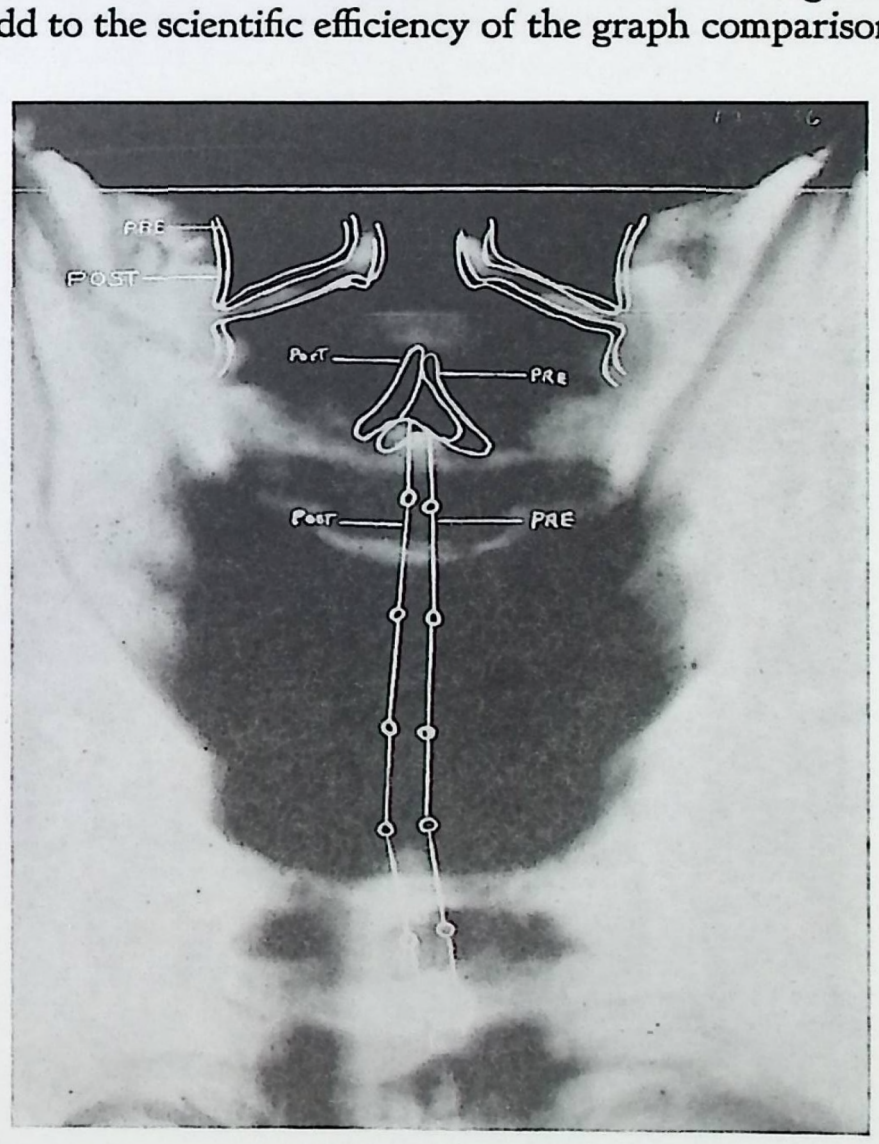
"pre", or "one". The second negative is outlined in the same way and marked "post" or "two".

These two negatives are then taken into the dark-room and placed on a specially-made print-exposure box. The two occiputs on films are fused together before the print paper is brot out, thus insuring an accurate placement of films, which are then fastened. Lights out and the print paper is placed over the two negatives, exposure made, and print developed in usual way.

The result is that the print will show ink outlines in white, with arrows pointing "pre" and "post", or "one" and "two", with actual vertebrae in background, including fusing of occiputs as one. (See cut No. 2)

I hesitate to present this idea of photographic process, due to the fact that many points yet remain which must be ironed out, many obstacles must be overcome, before such a process can be put into daily routine in the Clinic. A good deal of experimentation remains to be done to make the work practical; special photographic equipment must be specially made and perhaps a separate darkroom will have to be builded to do this work, that it will not interfere with routine developing of X-rays.

The reason I hesitate is not that the idea, or the work, should be withheld, but that an article of this kind should contain work which is finished, or upon which a definite conclusion has been reached. However, since it directly affects the constant and variable principles laid down in the Clinic, in that it frees our work of one more human element and would greatly add to the scientific efficiency of the graph comparisons,



Cut No. 2

I offer it now for what it may be worth, with the thot in mind that in the near future the work just outlined will be developed to a practical standard.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

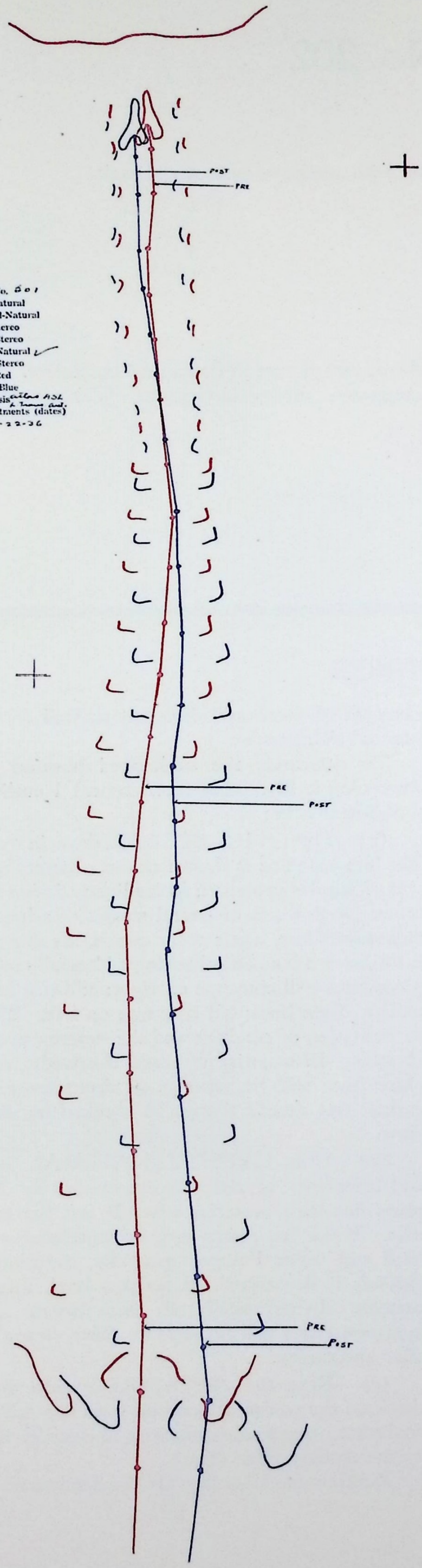
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Prel. 1st 8x36, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-21-36 Case No. 201
and 8-21-36

Major: Atlas ASL - L. Trans. Ant.

Adjs. given: (Dates)
8-22-36



Case No. 201
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. Ant.
Adjustments (dates)
8-22-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

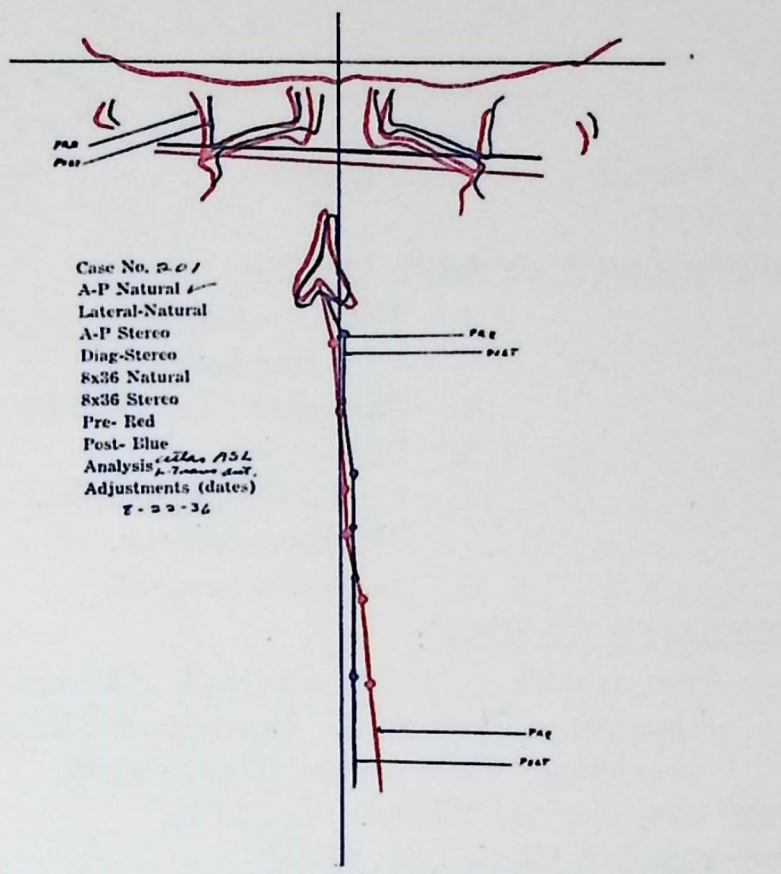
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

2nd, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-21-36 Case No. 201
and 8-21-36

Major: Atlas ASL - L. Trans. Ant.

Adjs. given: (Dates)
8-22-36



Case No. 201
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. Ant.
Adjustments (dates)
8-22-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

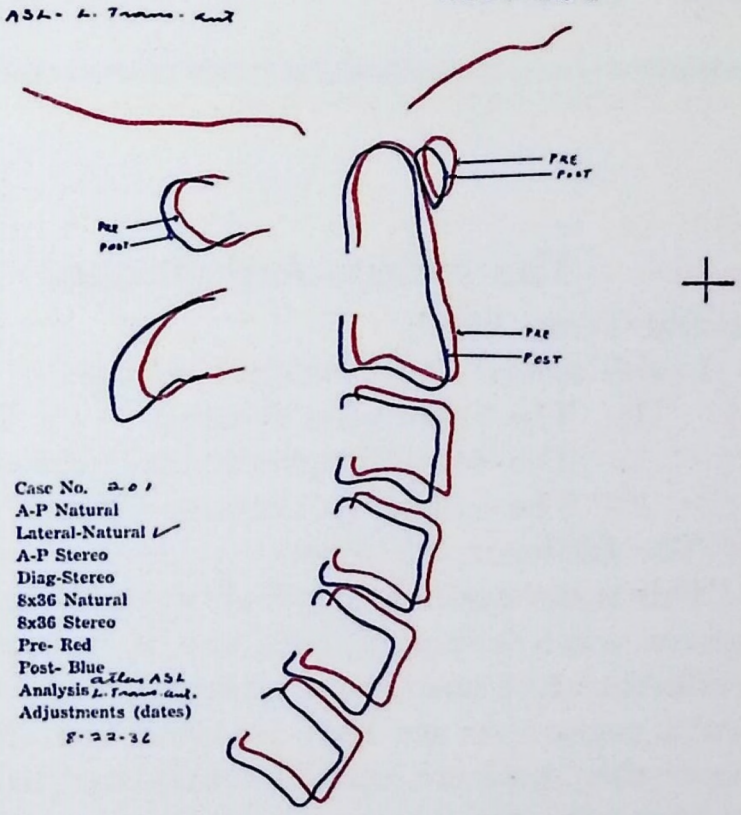
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-21-36 Case No. 201
and 8-21-36

Major: Atlas ASL - L. Trans. Ant.

Adjs. given: (Dates)
8-22-36



Case No. 201
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. Ant.
Adjustments (dates)
8-22-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

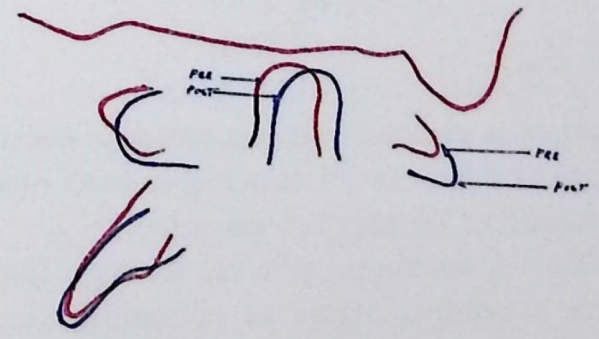
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-21-36 Case No. 201
and 8-29-36

Major: Atlas ASL - L. Trans. Ant.

Adjs. given: (Dates)
8-22-36



Case No. 201
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. Ant.
Adjustments (dates)
8-22-36

CASE No. 202

Female Single Age 62

8/21/36

ENTRANCE COMPLAINTS:

1. Neck — pain, cramps, etc., off and on with numbness in neck and back. Headaches.
2. Pain over Gall Bladder region.
3. Palpitation.
4. Lost 20 lbs. in weight.
5. Tinnitus, left ear.
6. Nervous, general.

PRESENT ILLNESS:

Pain in neck — 1925, after fall. Off and on since. Associated picture in Entrance Complaints.

Appetite: Decreased. Bowels, one daily. Bladder, negative. Sleep, fairly good. Wakens early in the morning. Gets up and gets to work.

Date case entered Clinic: 8/21/36
Date case left Clinic: 8/29/36
Interval, time lapse — 8 days
Analysis: Atlas ASR — right transverse anterior
Adjustments: 1
Dates: 8/22/36

SECTION THREE

The Innate Adjustment

General Terms Used:

In this section of the work, I refer to:

1. The Subluxated Position
2. The Manual Adjustment Position
3. The Innate Adjustment "Norm" Position.

1. The Subluxated Position

This is the position in which we find the vertebral segment when it is misaligned and is, in fact, causing interference to transmission of mental impulse over or thru a nerve (or nerves), or upon the spinal cord proper thru pressure upon surrounding structures of the cord. It is the position shown in first graph tracing of red, before any adjustment has been given.

A true subluxated position contains three directions of misalignment, PLUS, in the majority of cases, rotation. In the Atlas HIO work, the atlas may be misaligned —

A S R
A I R
A S L
A I L

— indicating a three-direction misalignment, becoming a subluxation when it IS causing actual interference to the transmission of mental impulse.

In addition to these general listings the Atlas may have such a complication as rotation, i.e., it may be anterior or posterior on the side of laterality. That is to say, Atlas may be misaligned in any one of four general three-way directions listed, and still have a rotatory condition of the segment as a whole, in which it may be rotated posterior on one side and anterior on other side. These conditions must be calculated in the elements of force and direction as well as torque in Manual Adjustment.

To determine the subluxated position of Atlas (assuming it IS causing interference) I outline briefly the general rules:

(a) From A-P NATURAL, draw in wedge lines. The superior line is drawn across occiput, usually on tips of jugular processes; lower line is drawn across external inferior tips of lateral masses of atlas. It is an anatomical fact, apart from exceptions due to abnormalities, that if an atlas has slipped laterally to right, the plane lines will converge on right; and if it has slipped to left, plane lines will converge on left. This is due to formation of condyles and the superior articulations of atlas. In majority of cases, the wedge formed by plane lines will be accurate in determining atlas laterality, but should always be checked by A-P stereo view.

(b) From LATERAL NATURAL, superiority and inferiority of Atlas is determined by drawing a plane line thru posterior tubercle and the fovea dentalis. If the line points upward in relation to base of skull and cervical region generally, superiority is indicated; if downward, or perhaps level, inferiority is present. In practically all cases having a cervical kyphosis, Atlas will be inferior. This view also shows atlas anteriority.

(c) Next the A-P STEREO view is used to check on the wedge determined from the A-P Natural. Sometimes, due to abnormalities, the wedge is reversed by the study of this view.

Rotation of Atlas may also be determined from the

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

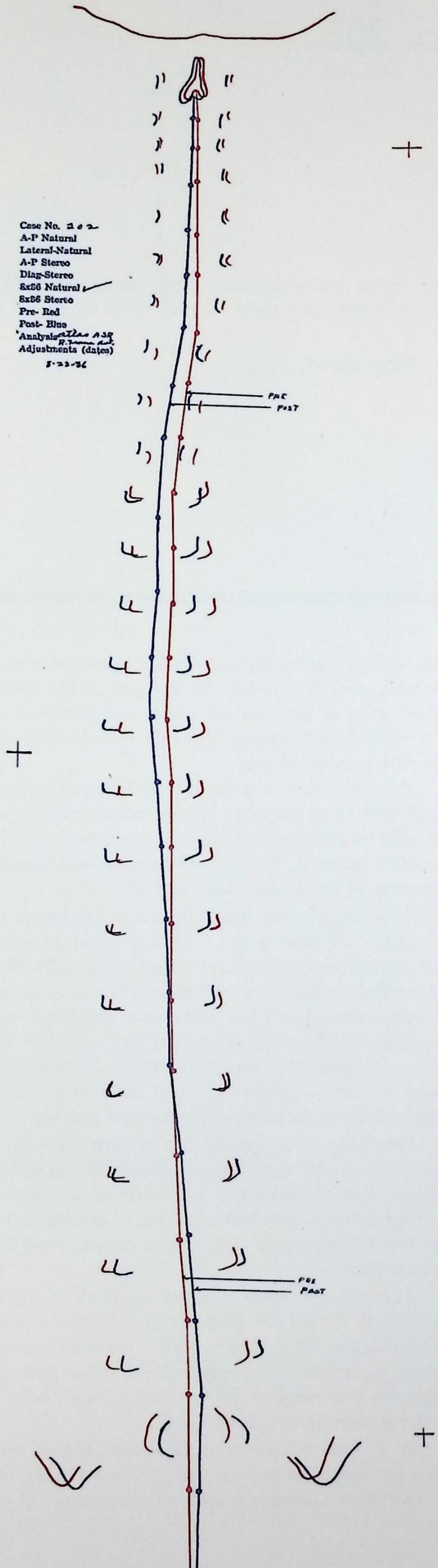
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 film, 2nd date

Comparative graph between 8x36 film spinographs taken 8-22-36 Case No. 202
and 8-22-36

Major: atlas ASR- R. trans. ant

Adjs. given:
(Dates)
8-22-36



Case No. 202
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant.
Adjustments (dates)
8-22-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

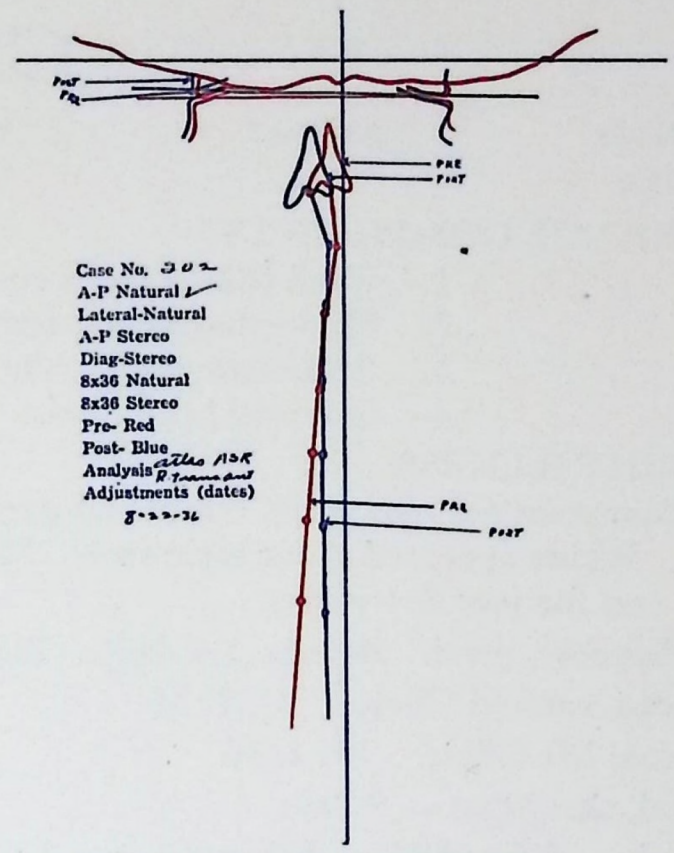
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-22-36 Case No. 202
and 8-22-36

Major: atlas ASR-R trans. ant.

Adjs. given:
(Dates)
8-22-36.



Case No. 202
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant
Adjustments (dates)
8-22-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

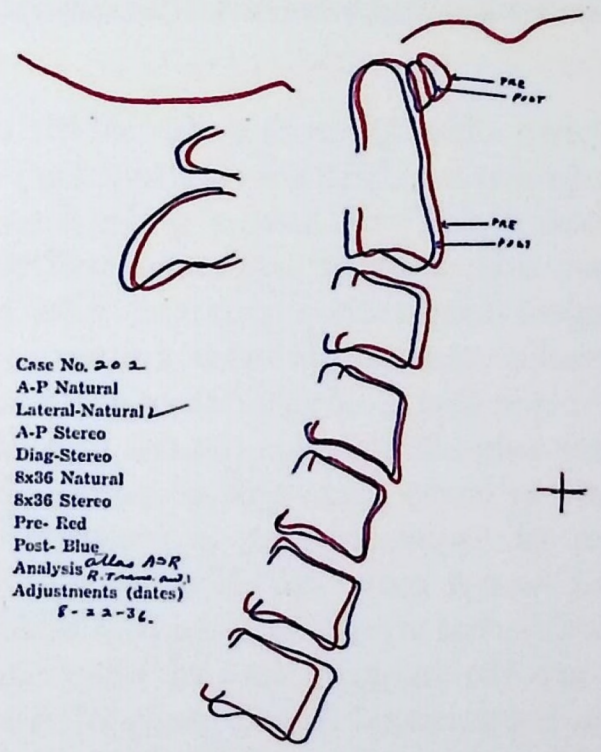
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-22-36 Case No. 202
and 8-22-36

Major: atlas ASR-R. trans. ant

Adjs. given:
(Dates)
8-22-36.



Case No. 202
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant
Adjustments (dates)
8-22-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

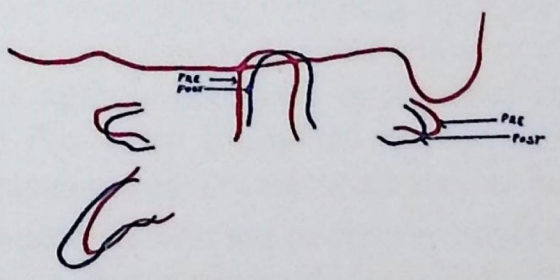
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-22-36 Case No. 202
and 8-22-36

Major: atlas ASR- R. trans ant.

Adjs. given:
(Dates)
8-22-36.



Case No. 202
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant
Adjustments (dates)
8-22-36

CASE No. 205

Male Married Age 48

8/22/36

ENTRANCE COMPLAINTS:

1. Fixed pain point in epigastrium.
2. Hemorrhage slight from Post Nares.
3. Rheumatic wrists, alternating.
4. Occipital headaches.

PRESENT ILLNESS:

Pain point for two years, comes and goes. Worse when empty and sometimes after eating one-half hour. Wrists appeared about same time. Headache dates from injury as a child. Post Nasal bleeding off and on for past 3-4 years.

Appetite, good. Bowels, 3-4 daily. Bladder, negative. Sleep, good.

Date case entered Clinic: 8/22/36

Date case left Clinic: 8/31/36

Interval, time lapse — 9 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 8/24/36

A-P stereo view by noting the width of the lateral masses (assuming there are no anomalies) in which case the anterior side will have a wider lateral mass than posterior side; anterior transverse will be less distinct and appear longer than posterior side; posterior ring will overlap external inferior corner of lateral mass more on side that is anterior than side that is posterior; posterior tubercle may be rotated towards side of anteriority, or away from side of posteriority; the inner surfaces of superior atlas articulation and internal walls of lateral mass will show more of concave portion on side that is anterior than that which is posterior. These are the major points of observation so far as rotation is concerned from a study of A-P Stereo films.

However, in The B. J. Palmer Chiropractic Clinic, rotation of atlas is analyzed primarily from a study of—

(d) The DIAGONAL STEREO view in which rotation can be checked from several major points: (looking at right side of patient, at a 45 degree angle), the posterior portion of left lateral mass will be rotated beyond edge of posterior portion of superior left axis articulation when atlas is anterior on left and posterior on right; when it is posterior on left and anterior on right, this portion of lateral mass will be rotated just posterior to axis articulation just mentioned.

The right posterior portion of lateral mass will be rotated posterior of the right superior axis articulation when the atlas is anterior on left and posterior on right; when it is posterior on left and anterior on right, this point will be just anterior of axis articulation just mentioned.

When atlas is anterior on left and posterior on right, posterior tubercle will appear farther away from observer (viewing from right side) than spinous process of axis (assuming axis spinous process is not badly rotated, which can be checked on A-P views); and when atlas is anterior on right and posterior on left, the tubercle will appear closer to the observer than the spinous process of axis.

An atlas that is anterior on left and posterior on right will show the right transverse somewhat posterior of right mastoid; when the atlas is posterior on left and anterior on right, the right transverse will be somewhat anterior, or level, with the mastoid.

The condyles are also valuable in analyzing rotation of atlas. Of note is the fact that when an atlas is rotated posterior on left and anterior on right, there is a horizontal wedge formed between left condyle and left superior articulation of atlas, with point of wedge to anterior. When the atlas is anterior on left and posterior on right, this wedge is usually absent. Observations of right condyle and right superior atlas articulation usually indicate the direction of rotation.

Checking these points one against the other, atlas rotation can be determined accurately from Diagonal Stereo films. Notwithstanding atlas rotation is just as important as any other factor, if not more so, there are few Chiropractors who know how to read Diagonal Stereo films.

(e) In the early summer of 1937 we developed in The B. J. Palmer Chiropractic Clinic a new view known as the "B.P. Stereo view" (base to posterior) in which a stereoscopic view of the atlas and foramen magnum is secured as tho viewing it from the posterior, looking from above downward.

It is well to mention that contrary to all other foramen magnum technics sent to us for tests, this B.P. Stereo view is attained without distorting the position

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

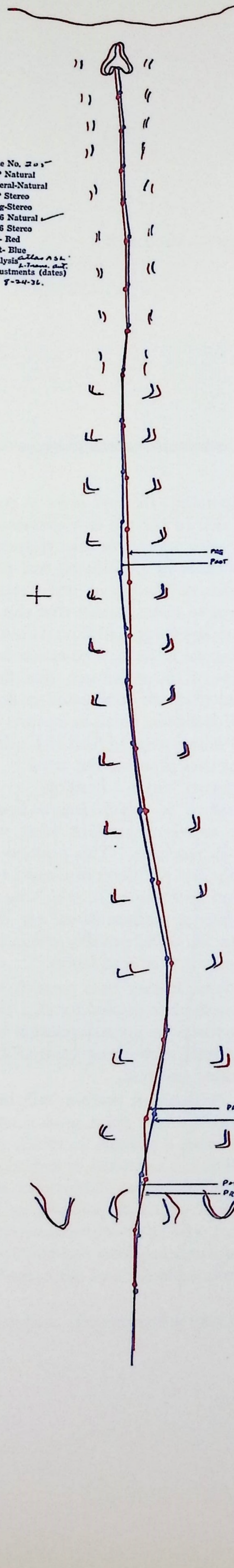
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Exam
Blue, 2nd Exam

Comparative graph between 8x36 film spinographs taken 8-22-36 Case No. 205
and 8-31-36

Major: Atlas ASL - L-Trans. Ant

Adjs. given:
(Dates)
8-24-36



Case No. 205
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant.
Adjustments (dates)
8-24-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

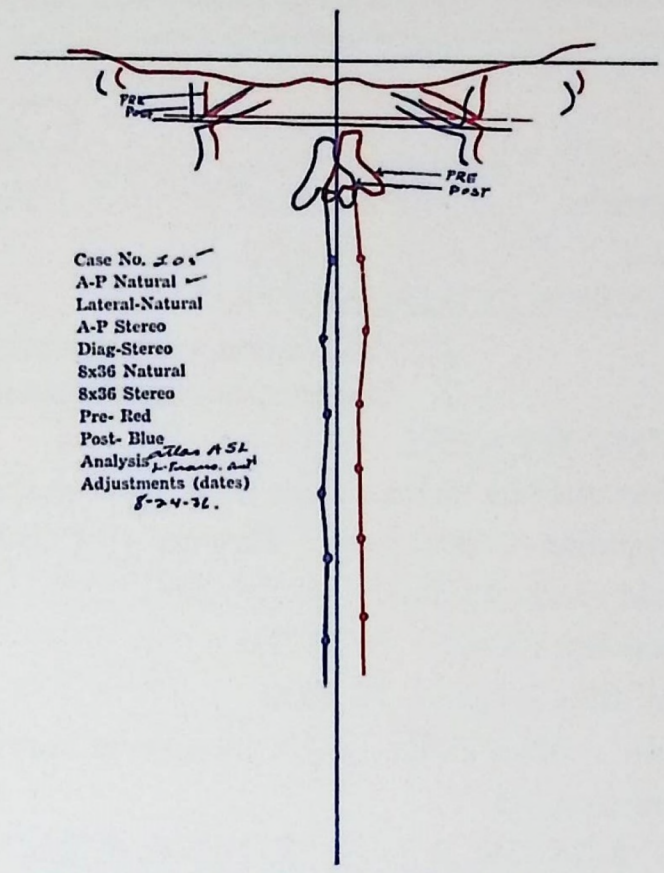
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

2nd, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-22-36 Case No. 205
and 8-31-36

Major: Atlas ASL-L-Trans. Ant.

Adjs. given:
(Dates)
8-24-36



Case No. 205
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant
Adjustments (dates)
8-24-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

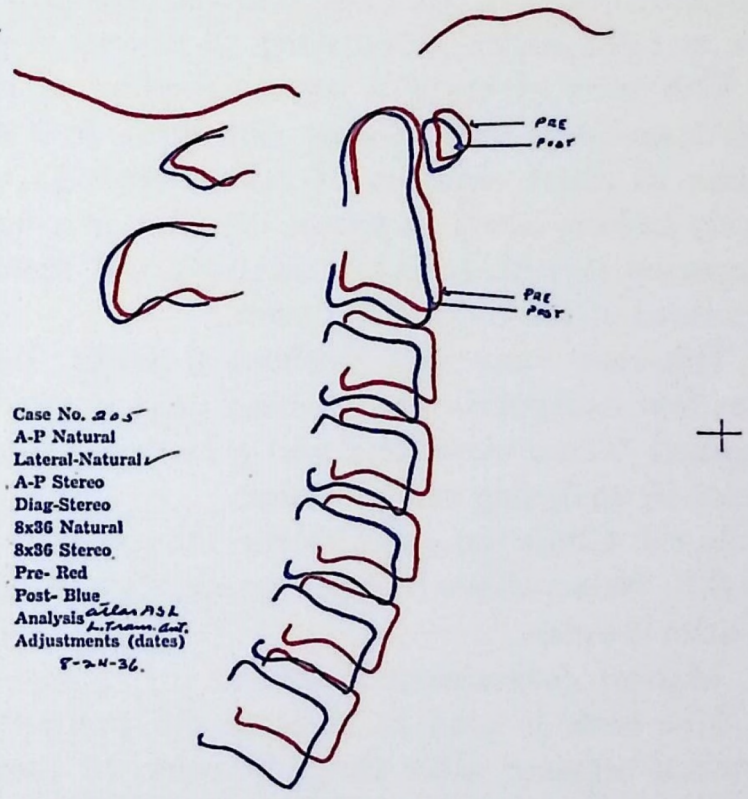
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

2nd, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-22-36 Case No. 205
and 8-31-36

Major: Atlas ASL-L-Trans. Ant.

Adjs. given:
(Dates)
8-24-36.



Case No. 205
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant.
Adjustments (dates)
8-24-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

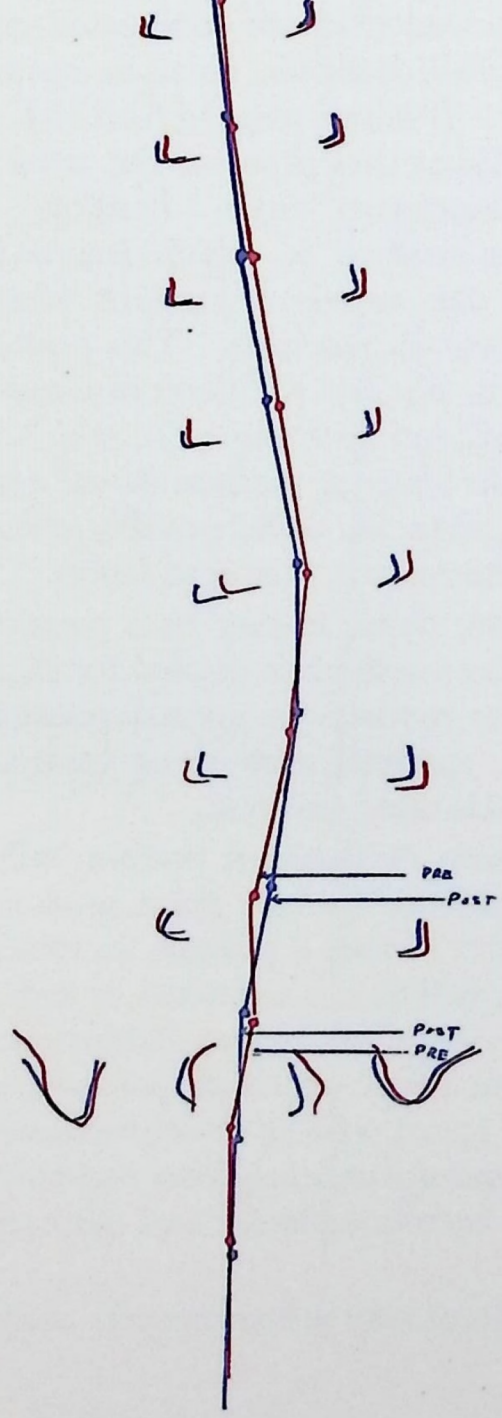
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

2nd, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-22-36 Case No. 205
and 8-31-36

Major: Atlas ASL-L-Trans. Ant.

Adjs. given:
(Dates)
8-24-36



Case No. 205
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant
Adjustments (dates)
8-24-36.

CASE No. 213

Female Married Age 38

8/24/36

ENTRANCE COMPLAINTS:

1. Weakness with visceral prolapse.
2. Nervousness with nausea.

PRESENT ILLNESS:

Nervous ten years. Past four years getting more severe.

Appetite — decreased. Bowels — 1 daily. Bladder — Negative. Sleep — Very well.

Date case entered Clinic: 8/24/36

Date case left Clinic: 9/22/36

Interval, time lapse — 29 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 4

Dates: 8/25/36; 9/3/36; 9/16/36; 9/21/36

---

of patient's head or neck and that the tube and film are kept at right angles, eliminating all distortion possible.

This view gives us a precise method of checking atlas rotation as well as atlas side slip. It is a simple matter to check rotation of atlas from this view by merely looking down on top of the atlas, in a sense, and comparing it with foramen magnum and surrounding structures of the base of the skull.

This new view will, without a doubt, bring out what few exceptions and reverses exist in reading the Diagonal Stereo views and add greatly to absolute accuracy in analyzing atlas rotation.

In the Clinic we consider the Diagonal Stereo and the B.P. Stereo views of equal importance in determining atlas rotation.

2. Manual Adjustment Position.

This term is used to indicate the position of the vertebral segment after the concussion of forces contained in adjustment by hand has been delivered.

It is the position we believe is normal to that particular case because we make an analysis from the X-ray films with a view to so listing the segments that it will be replaced to this position, assuming the adjustment contains all elements necessary to make it an ADJUSTMENT in fact.

Such adjustment must contain the toggle recoil with torque, and be delivered with sufficient speed and force for correct follow-thru. Proper standing position must be assumed, and most important of all, correct contact must be made upon the atlas to be adjusted.

When atlas is correctly analyzed and listed, one of the chief reasons for failure with HIO in the field, when it does fail, is incorrect contact.

Contact is always made on transverse of atlas, rolling nail point one well in, up, and under mastoid, working it up into the triangle formed by mastoid and mandible.

In taking contact on an atlas transverse that is anterior on side of laterality, the nail point is positioned as far on anterior side of the tip of transverse as possible. Contact on atlas transverse that is posterior on side of laterality is made by positioning nail point one just slightly posterior of the tip of transverse. It is very, very important to make certain that this contact is correctly made before giving the Manual Adjustment.

The result is that we make an adjustment believing, from our knowledge of the structures, that the vertebra has been moved from the subluxated position to a position WE think it should go to be normal for that individual case. It is our own MANUAL adjustment which accomplishes this phase of the work.

3. Innate Adjustment "Norm" Position.

This is the position to which Innate Intelligence itself replaces the vertebral segment after we have made the Manual Adjustment. This position may indicate a position which is far closer and more finely set to center of skull and neck generally, which we naturally believe is the correct position from our Educated point of view, than we could possibly attain thru the Manual Adjustment concussion of forces.

On the other hand, it may be a position which is beyond the point we think is normal for that case, or it may be entirely opposite to normal position we have chosen for the segment, even going back and beyond the original subluxated position.

A true Innate Adjustment position will be one in which the segment is set at a point most suitable and normal for THAT case; a position in which pressure, or interference, will be at a minimum, or entirely absent. The final analysis of an Innate Adjustment will naturally be a position in which all pressure, or interference, upon the spinal cord or structures surrounding it, all muscular tension resulting from mal-position of the segment, have been completely and permanently eliminated.

Such a position may not necessarily conform to our

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

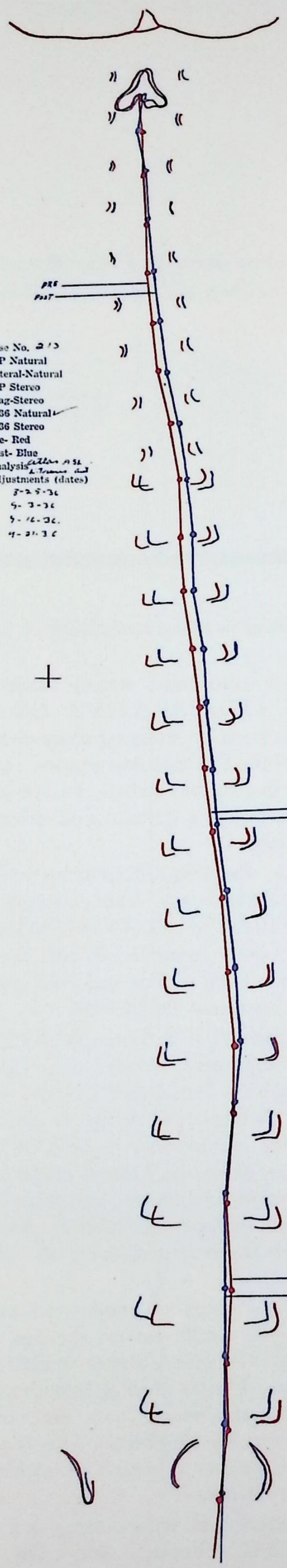
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-24-36 Case No. 213
and 9-22-36

Major: Atlas ASL - L Trans Ant

Adjs. given:
(Dates)
8-25-36
9-3-36
9-16-36
9-21-36



Case No. 213
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
8-25-36
9-3-36
9-16-36
9-21-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

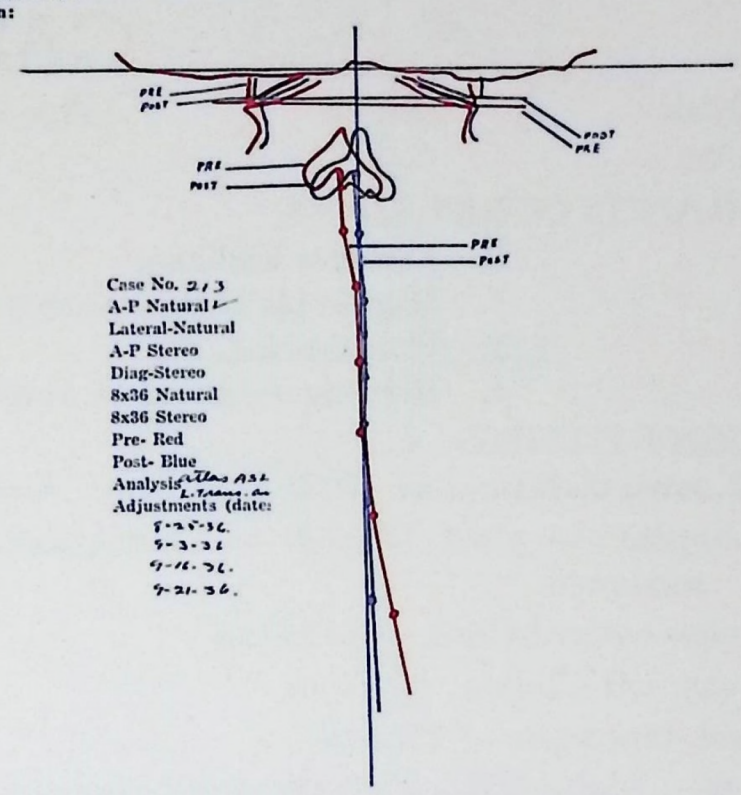
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-24-36 Case No. 213
and 9-22-36

Major: atlas ASL - L Trans Ant

Adjs. given:
(Dates)
8-25-36
9-3-36
9-16-36
9-21-36



Case No. 213
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
8-25-36.
9-3-36
9-16-36.
9-21-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

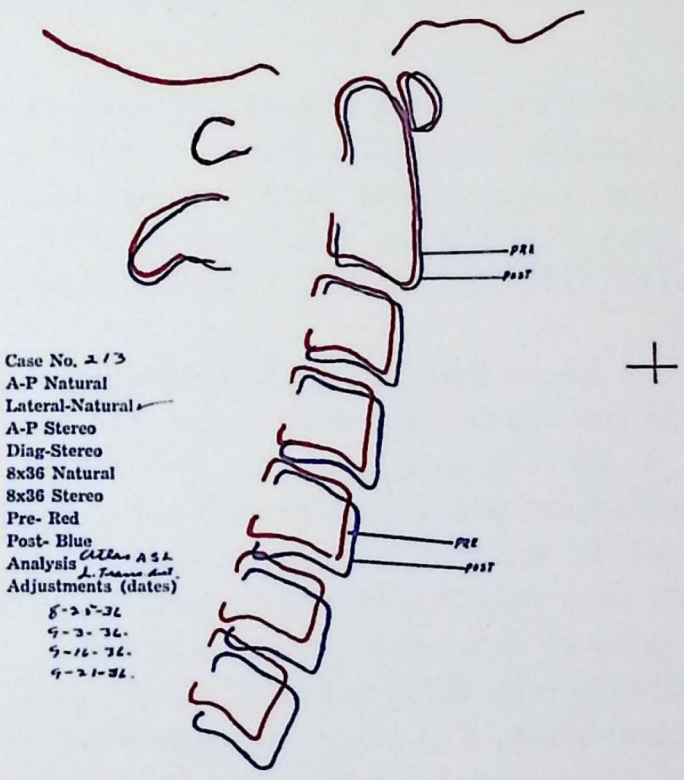
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-24-36 Case No. 213
and 9-22-36

Major: Atlas ASL - L Trans Ant

Adjs. given:
(Dates)
8-25-36
9-3-36
9-16-36
9-21-36



Case No. 213
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
8-25-36
9-3-36
9-16-36
9-21-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

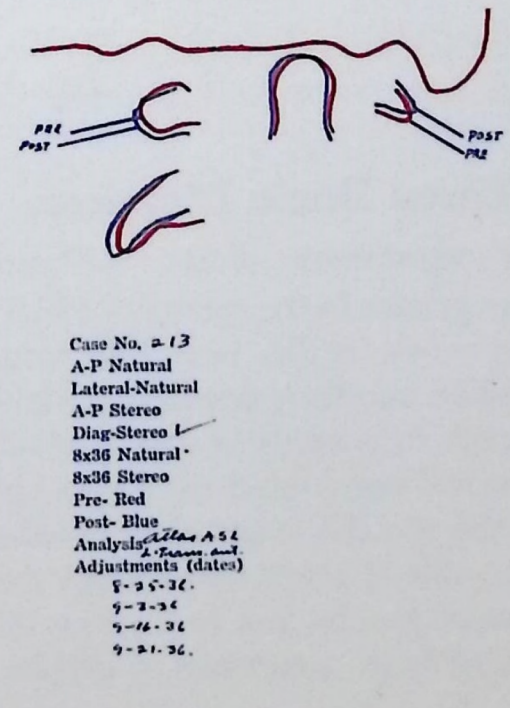
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film Spinos taken 9-24-36 Case No. 213
and 9-22-36

Major: Atlas ASL - L Trans Ant

Adjs. given:
(Dates)
8-25-36
9-3-36
9-16-36
9-21-36



Case No. 213
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
8-25-36.
9-3-36
9-16-36
9-21-36.

CASE No. 215

Male Married Age 64

8/24/36

ENTRANCE COMPLAINTS:

1. Diabetes Mellitus.
2. Pain in bladder — sudden stop.
3. Constipation.
4. Burning sensation G. I. tract.

PRESENT ILLNESS:

Known diabetic since 1922. No coma. Careful diet. Sudden stop voiding January, 1935, off and on.

Appetite — good. Bowels — Constipated. Bladder — Sudden stop voiding and nocturia. Sleep — Interrupted.

Date case entered Clinic: 8/24/36

Date case left Clinic: 9/10/36

Interval, time lapse — 17 days

Analysis: Atlas AIL — left transverse posterior

Adjustments: 1

Dates: 8/25/36

Educated ideas in this respect and may, as a matter of fact, actually contradict them. Rather than assume that our judgment has been contradicted, the logical and proper procedure is to reason WHY INNATE MADE THE SETMENT WHERE AND HOW IT DID.

We know that Innate Intelligence is working towards the normal for each individual case, for each unit in the Universe, and that it has been doing this for millions of years, through millions of cycles. Would we not be wise to heed these happenings of Innate rather than deliberately react against it with our own few years of Education on the subject?

That is why the question of the Innate Adjustment is so important; it is a door through which we may find many great and valuable discoveries concerning the Adjustment of the specific vertebra for the Cause of ALL Dis-ease.

We can find these only through consistent and persistent observation of these Innate reactions to our Manual Adjustment forces. Perhaps it will require many years, bit by bit adding new ideas to the whole. Much patience, much time is required to unfold the secrets of Nature.

Three Basic Divisions

SINCE the introduction of the Subluxated Adjustment X-ray graphs in the spring of 1936, I have conducted all the work in this new field with the result that I have had an excellent opportunity to observe and study the changes in position of atlas and of subsequent changes in cervical region and the entire spinal column as a result of the specific adjustment of atlas.

I have been able to reach conclusions from checking a large number of graphs, not just a few isolated cases. It is the study of large quantities of graphs that brings out a common general working knowledge of what these graphs reveal.

The deductions have come mainly from checking CONTINUOUS COMPARATIVE (bi-weekly) GRAPHS. It has been by studying these changes in a series BETWEEN the Pre and Post graphs, rather than the Pre and Post graphs themselves, I have concluded a specific vertebra makes a definite and distinct series of changes in position.

In other words, the PROCESS from which these conclusions were reached came from research on every bi-weekly CONTINUOUS COMPARATIVE GRAPH and the work contained in this book shows the RESULT in the form of Pre and Post graphs, but it does not show the actual PROCESS.

The process consists of a thorough checkup every two weeks of Comparative X-rays and Continuous Comparative Graphs. From A-P X-rays, wedge is checked and from A-P graphs, change is noted in Lateral shifting of atlas, axis spinous process, and cervical contour graph lines; from the Lateral graphs, changes in kyphotic and lordotic conditions; and from the Diagonal graphs, changes of rotation, either anterior or posterior, are made by measuring shifting of right transverse.

In addition to the study of graphs, we issue a report every two weeks as shown on the file sheet reproduced herewith. To give a better working knowledge of the process, I have used a hypothetical case showing changes in atlas wedge, axis, etc., and made the report on our regular file sheet. This is a typical case and shows the manner in which we make out the report and compile changes.

In this hypothetical case, we are using as a subluxation an Atlas ASR-R. Trans. Ant. On 1/1/37,

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-24-36 Case No. 215
and 9-10-36

Major: Atlas A1L-L Trans Post

Adjs. given:
(Dates)
8-25-36.

Case No. 215
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.1.L. L-Trans Post
Adjustments (dates)
8-25-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

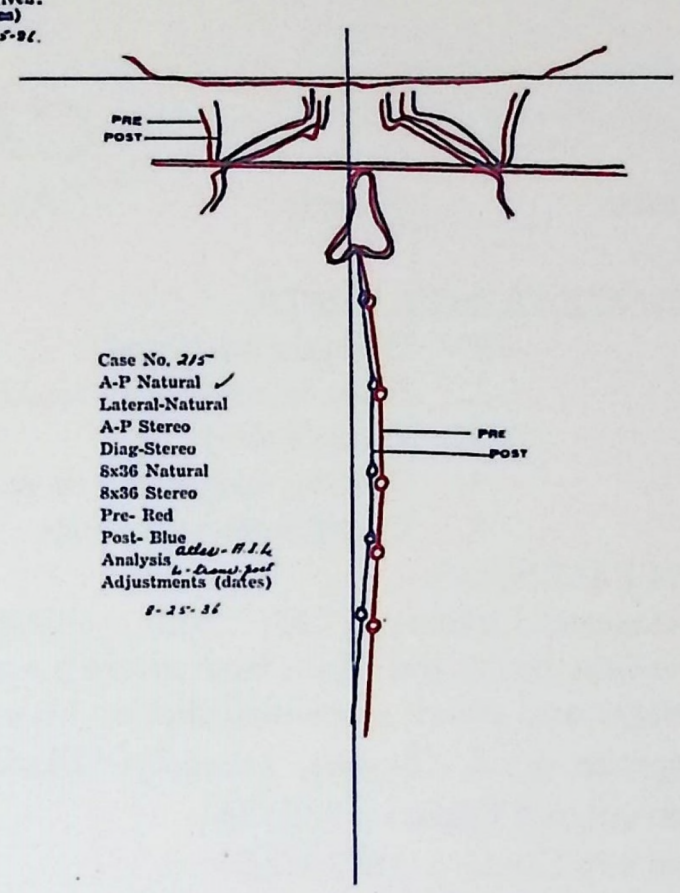
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-24-36 Case No. 215
and 9-10-36

Major: Atlas A1L-L.Trans.Post.

Adjs. given:
(Dates)
8-25-36.



Case No. 215
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.1.L. L-Trans Post
Adjustments (dates)
8-25-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

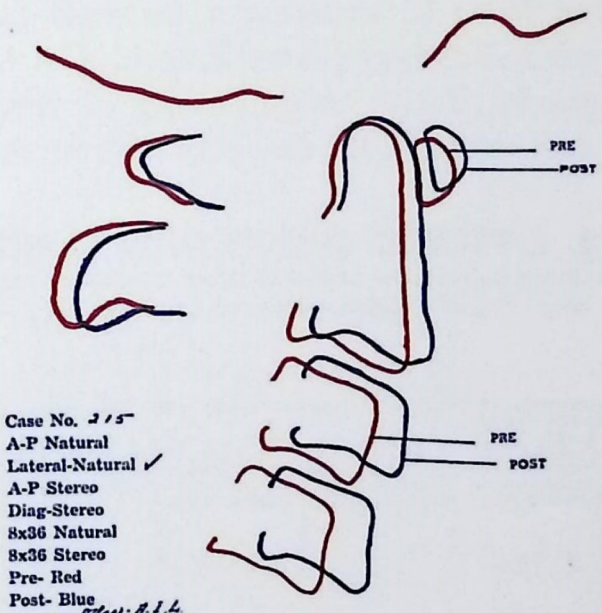
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-24-36 Case No. 215
and 9-10-36

Major: Atlas A1L-L.Trans Post.

Adjs. given:
(Dates)
8-25-36.



Case No. 215
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.1.L. L-Trans Post
Adjustments (dates)
8/25/36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

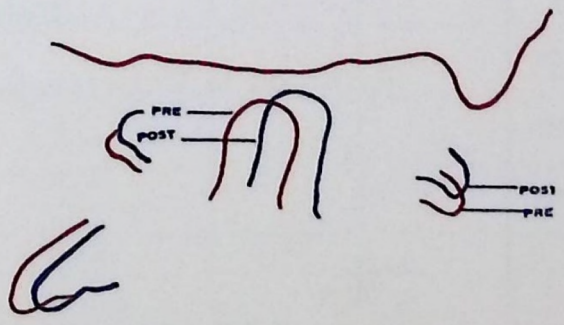
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-24-36 Case No. 215
and 9-10-36

Major: Atlas A1L-L. Trans Post

Adjs. given:
(Dates)
8-25-36.



Case No. 215
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.1.L. L-Trans Post
Adjustments (dates)
8-25-36

CASE No. 219

Female Single Age 48

9/8/36

ENTRANCE COMPLAINTS:

1. Diabetes Mellitus?
2. Pains in neck, legs, and arms.
3. Doesn't sleep.
4. Thirsty and passes large quantity of urine.
5. Eyesight poor at times.

PRESENT ILLNESS:

Discovered October, 1935. Boils — first gained weight, then lost weight until at present is under average weight by 35 lbs. Has been entirely under care of Dr. ————. Never used insulin. Has been off sugar and starch in general dietary because she feels better without it.

Appetite, good. Bowels, 1-2 daily. Bladder, nocturia, 1. Sleep, poor. Doesn't get sleepy.

Date case entered Clinic: 9/8/36

Date case left Clinic: 10/14/36

Interval, time lapse — 36 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 9/9/36

---

we start off with the Pre graph in red. The change of wedge is from R to L, showing a decrease in wedge. Position of axis has changed from R to L. On 1/15/37, our second graphs (blue) show change of wedge from L to R and still decreased. In other words, it has not gone back to original R, axis remaining the same. On 1/29/37, next graph (blue) shows no change and vertebra holding. The same follows for 2/11/37 (blue), and 2/25/37. But on 3/11/37 (Red) we have a L to R wedge and increased, and axis L to R, necessitating an adjustment (according to Neurocalograph reading). On 3/25/37 (red) (starting another series of graphs for the case, following adjustment) we have a R to L change of wedge and decrease. Axis R to L. 4/8/37 (blue) atlas wedge is L to R and wedge shows decrease, axis R to L. 4/22/37 (blue) atlas holding. No change axis. 5/6/37 (blue) Post graph, and case returned to local Chiropractor.

It is important to remember what you see in the Pre and Post graphs in this book is purely the RESULT of the process — not the PROCESS itself. You see the condition before adjustment and the final condition after adjustment, or adjustments, have been completed.

The conclusion is that a specific vertebra makes a definite and distinct series of changes in position, which I have previously explained:

1. The Subluxated Position
2. The Manual Adjustment Position
3. The Innate Adjustment "Norm" Position.

These three divisions denote the basic steps, as it were. They are the basis for all combinations of positions which take place from the point of subluxated position up to and including Innate position, or setment. Regardless of what variations occur in the shifting of a vertebra, or the forms, or patterns they follow, they must contain these three fundamental steps.

THE B. J. PALMER CHIROPRACTIC CLINIC

COMPARATIVE X-RAY, MAJOR-SUBLUXATION ANALYSIS, COMPARISON REPORT

64 (File in NCM AND ADJUSTMENT RECORDS folder)

Case No.....

Name.....

(After each comparative analysis, place this Report on Director's desk before filing in Case File)
(If no change, check space accordingly.)

PRIMARY ANALYSIS ATLAS ASR-R TRANS. ANT

	Change of Wedge from R. to L.	Change of Wedge from L. to R.	Decrease or Increase of Wedge	No Change	Position of Axis, if changed and how
1st Comparative Set Date 1-1-37 (adjusted)	R to L		Decrease		R to L
2nd Comparative Set Date 1-15-37		L to R	Decrease		Cont'd
3rd Comparative Set Date 1-29-37				Holding	
4th Comparative Set Date 2-11-37				Holding	
5th Comparative Set Date 2-25-37				Holding	
6th Comparative Set Date 3-11-37 (adjusted)		L to R		Increase	L to R
7th Comparative Set Date 3-25-37	R to L		Decrease		
8th Comparative Set Date 4-8-37		L to R	Decrease		
9th Comparative Set Date 4-22-37				Holding	
10th Comparative Set Date 5-6-37	Returned to Chiropractor				
11th Comparative Set Date.....					
12th Comparative Set Date.....					

Cut No. 3

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

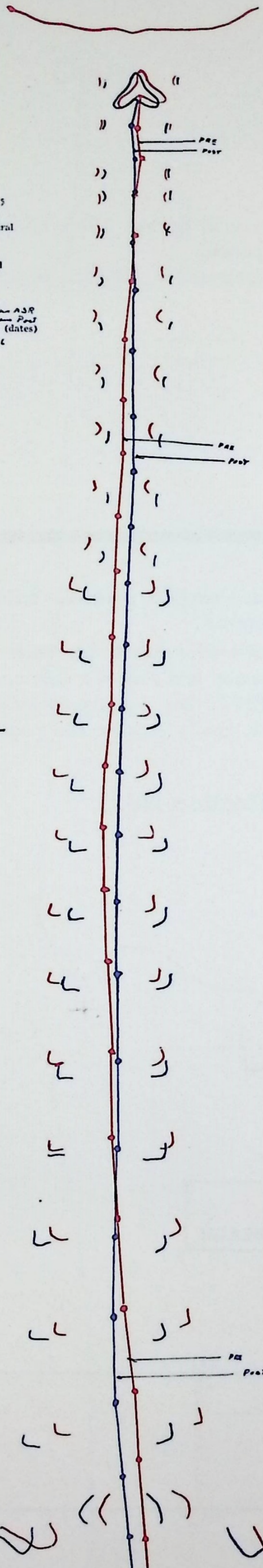
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Film, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-7-36 Case No. 219
and 10-14-36

Major Atlas ASR - R Trauma Post

Adjs. given (Dates)
9-9-36



Case No. 219
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trauma Post
Adjustments (dates)
9-9-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

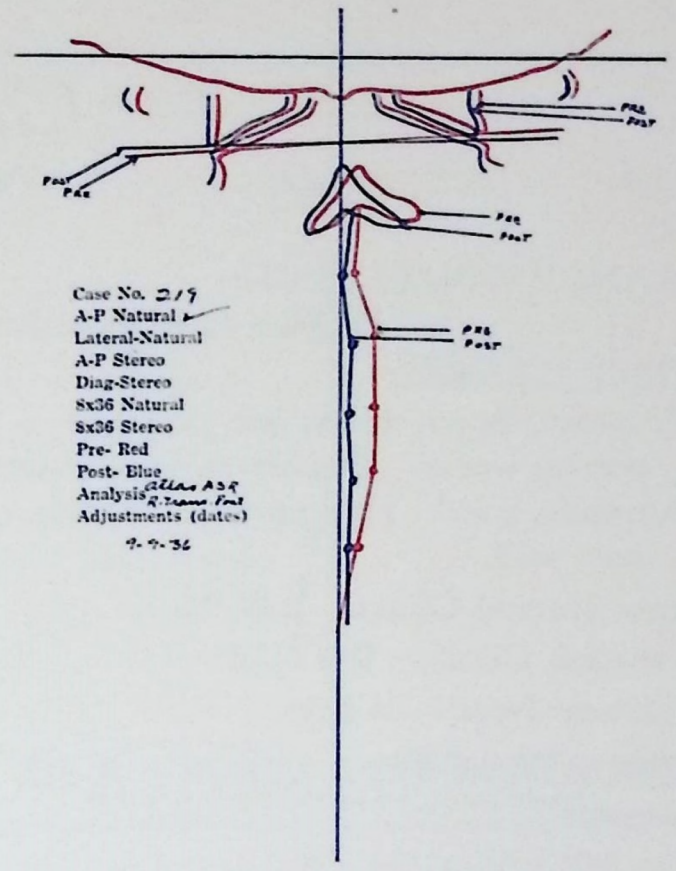
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-7-36 Case No. 219
and 10-14-36

Major: Atlas ASR - R Trauma Post.

Adjs. given:
(Dates)
9-9-36



Case No. 219
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trauma Post
Adjustments (dates)
9-9-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

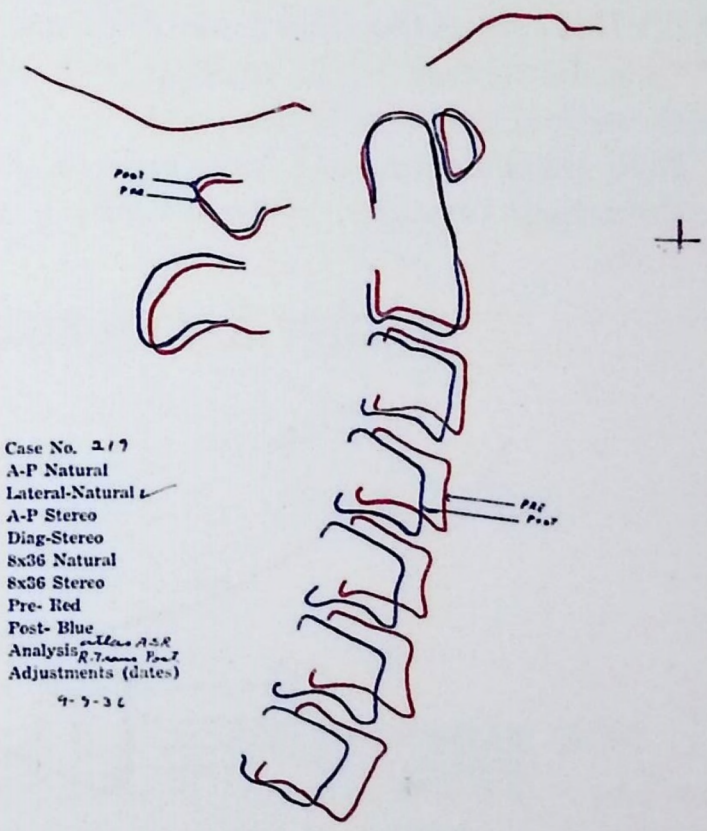
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-7-36 Case No. 219
and 10-14-36

Major: Atlas ASR-R - Trauma Post.

Adjs. given:
(Dates)
9-9-36



Case No. 219
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trauma Post
Adjustments (dates)
9-9-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

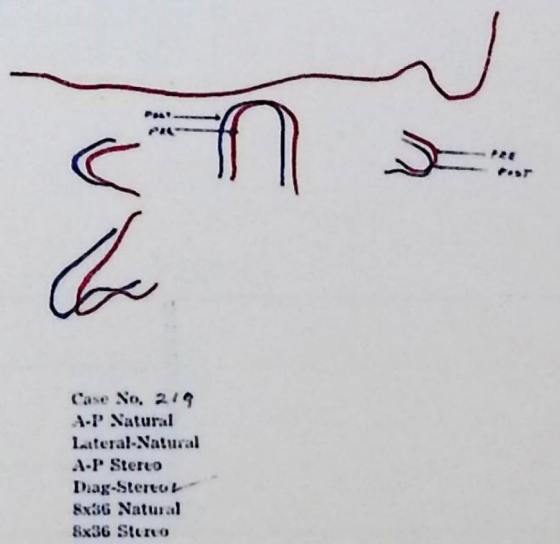
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-8-36 Case No. 219
and 10-14-36

Major: Atlas ASR-R Trauma Post

Adjs. given.
(Dates)
9-9-36



Case No. 219
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R Trauma Post
Adjustments (dates)
9-9-36

CASE No. 221

Male Single Age 15

9/9/36

ENTRANCE COMPLAINTS:

1. Pimples, face, shoulders, and chest.

PRESENT ILLNESS:

Eruptions began about one year ago — August, 1935. Became severe in Spring, 1936, and condition is getting worse. Embarrassing to patient and doesn't care to meet people.

Appetite, good. (No meats). Bowels, one daily (tendency to be constipated). Bladder, negative. Sleeps very well.

Date case entered Clinic: 9/9/36

Date case left Clinic: 9/17/36

Interval, time lapse — 8 days

Analysis: Atlas ASL

Adjustments: 2

Dates: 9/10/36; 9/14/36

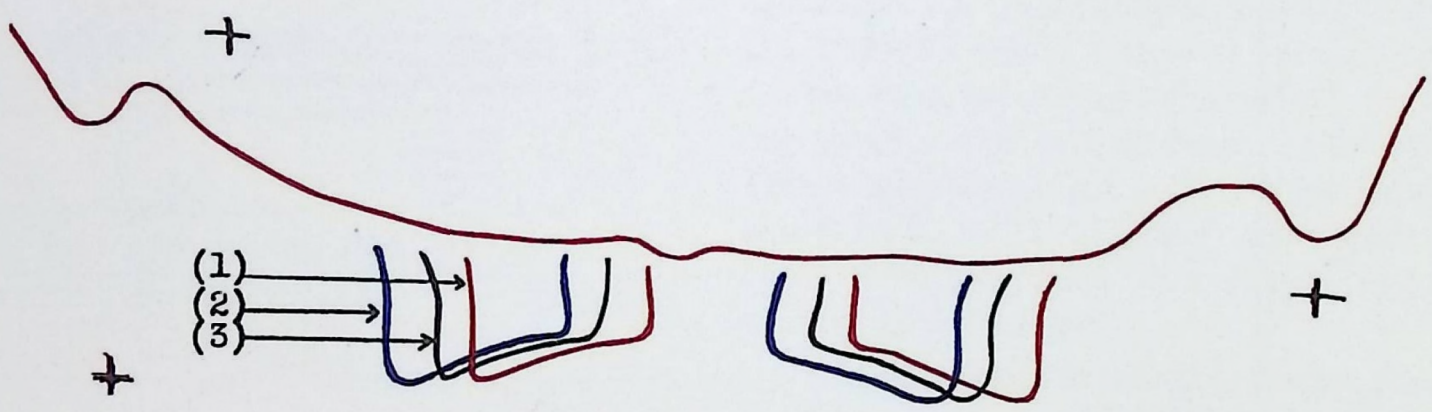
Three General Classifications — Atlas

HAVING noted the three basic divisions of position, now let us turn to the three general classifications which we find common in this work.

Each classification, as I have pointed out, contains the three basic divisions, and is actually a pattern or a form which the vertebral positions follow until the setment has occurred.

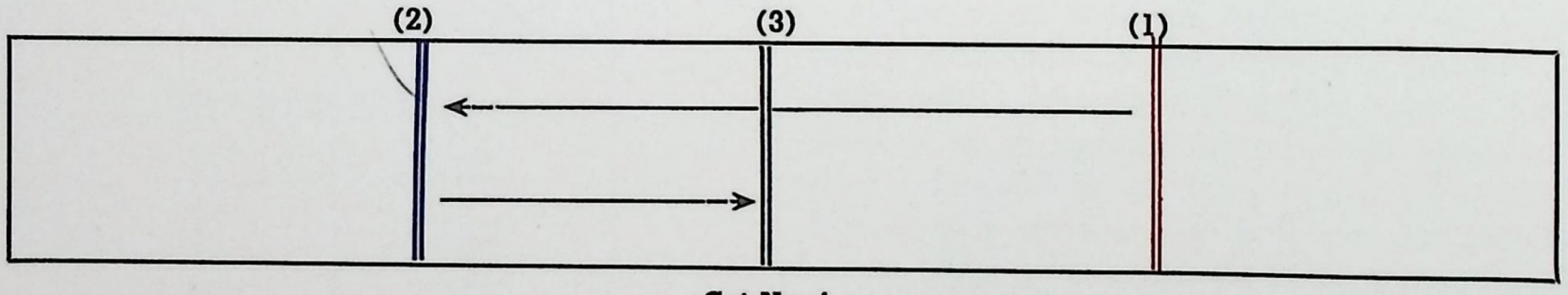
Each patient's atlas which has been adjusted and is under observation will follow a definite PATTERN OF MOVEMENT, that is a certain series of SHIFTINGS, before it finally reaches the position which is

RIGHT ATLAS SUBLUXATION — Classification No. 1



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK

ATLAS



Cut No. 4

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

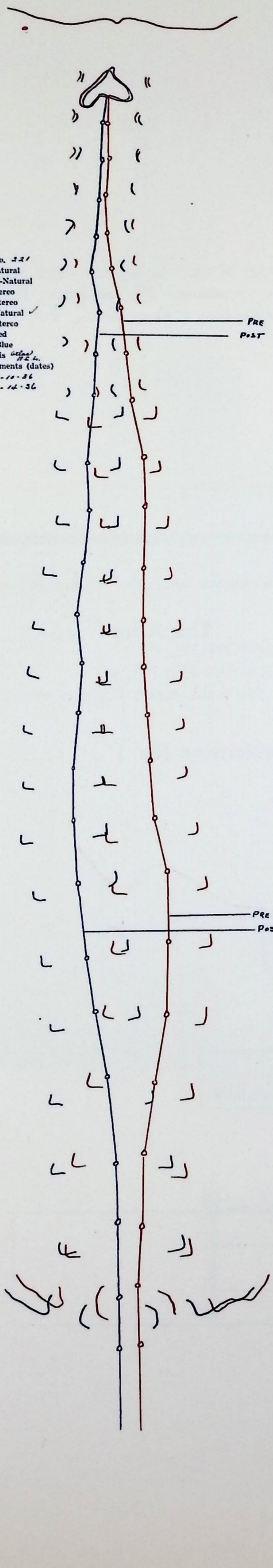
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st date
Blue, 2nd date

Comparative graph between 8x36 film spinographs taken 9-7-36 Case No. 221
and 9-12-36

Major: Atlas ASL

Adjs. given:
(Dates)
9-10-36
9-14-36



Case No. 221
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
Adjustments (dates)
9-10-36
9-14-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD.

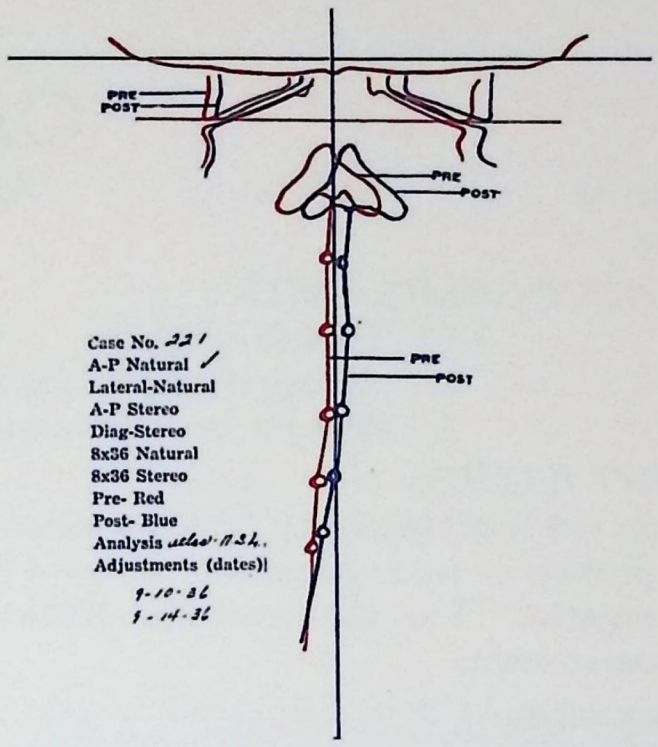
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-9-36 Case No. 221
and 9-17-36

Major: ATLAS ASL

Adjs. given:
(Dates)
9-10-36.
9-14-36.



Case No. 221
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
Adjustments (dates)
9-10-36
9-14-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

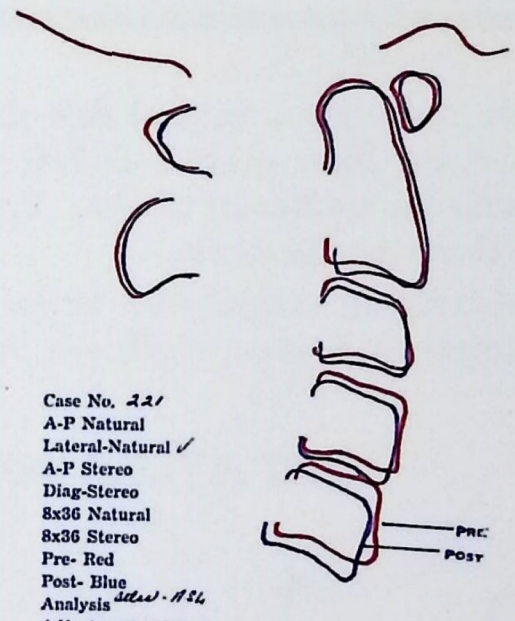
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-9-36 Case No. 221
and 9-17-36

Major: ATLAS ASL

Adjs. given:
(Dates)
9-10-36
9-14-36



Case No. 221
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
Adjustments (dates)
9-10-36
9-14-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

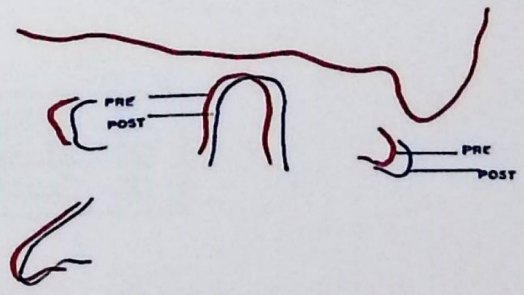
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 5-5-36 Case No. 221
and 5-17-36

Major: ATLAS ASL

Adjs. given:
(Dates)
5-10-36.
5-19-36.



Case No. 221
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
Adjustments (dates)
9-10-36
9-14-36

CASE No. 228

Female Married Age 44

9/15/36

ENTRANCE COMPLAINTS:

1. Terrible cough.
2. Always tired morning and night.
3. Polyuria from nervousness.

PRESENT ILLNESS:

Does not recall beginning. Menstruated twice a month since 11 years of age. Irregular — not painful — profuse — never pregnant. Never a healthy baby or child. No operations. No accidents. Bowels — negative. Two or three daily. Kidneys — Negative. Nocturia — two or three times. Polyuria from nervousness.

Date case entered Clinic: 9/15/36

Date case left Clinic: 9/23/36

Interval, time lapse — 8 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 2

Dates: 9/16/36; 9/22/36

---

normal to that case. As a general rule the atlas will follow ONE of the three general classifications. Occasionally it will take a different course. Probably 90% follow one of three classifications.

These classifications undoubtedly reveal the WHY of certain changes in position as shown by the Comparative Spinographs and the Comparative X-ray Graphs.

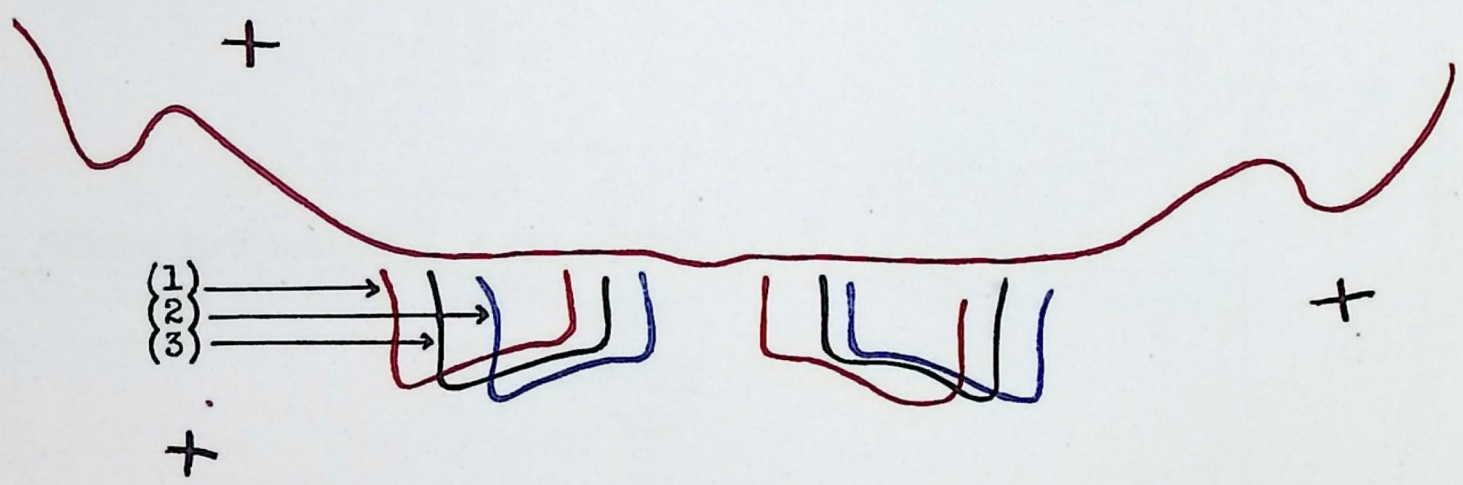
The Atlas

CLASSIFICATION No. 1

Right Atlas (See Cut No. 4)

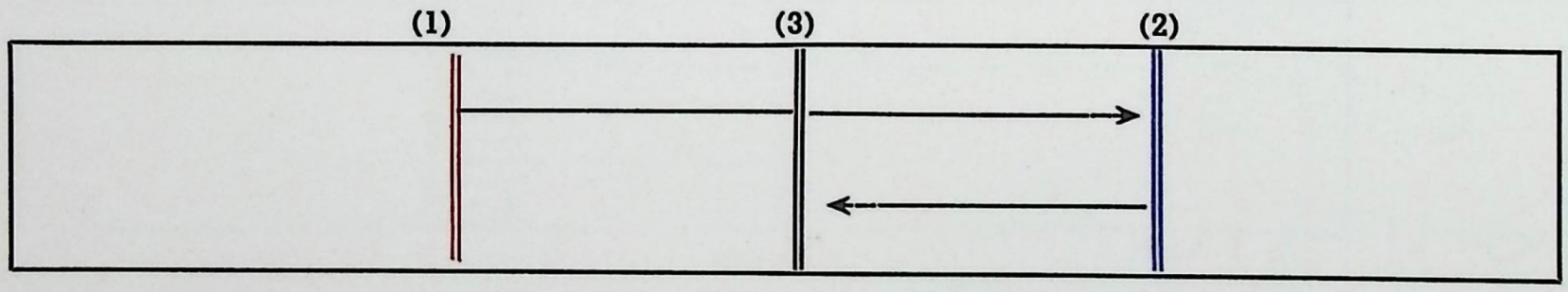
Step 1: The Subluxation Position which is right

LEFT ATLAS SUBLUXATION — Classification No. 1



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK

ATLAS



Cut No. 5

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

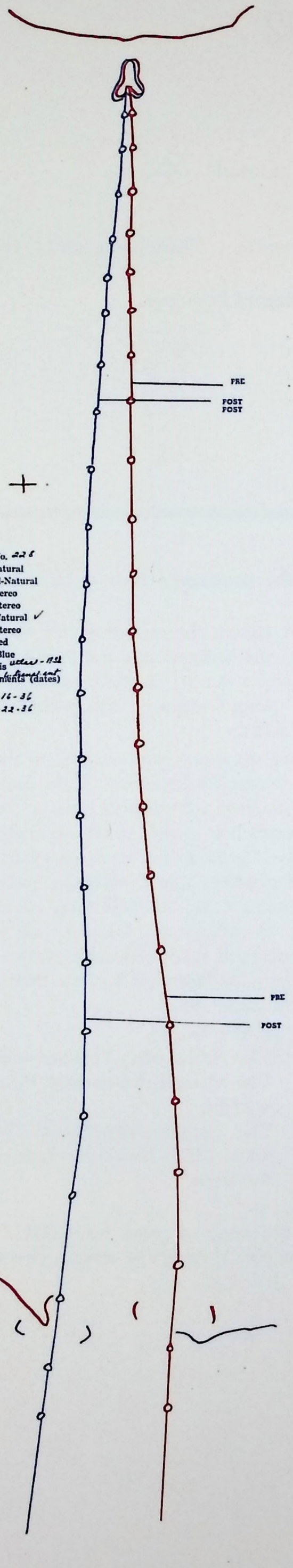
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

End, 1st 8x36 film, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-15-36 Case No. 228
and 9-22-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
9-16-36.
9-22-36.



Case No. 228
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas - ASL
L. trans ant
Adjustments (dates)
9-16-36
9-22-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

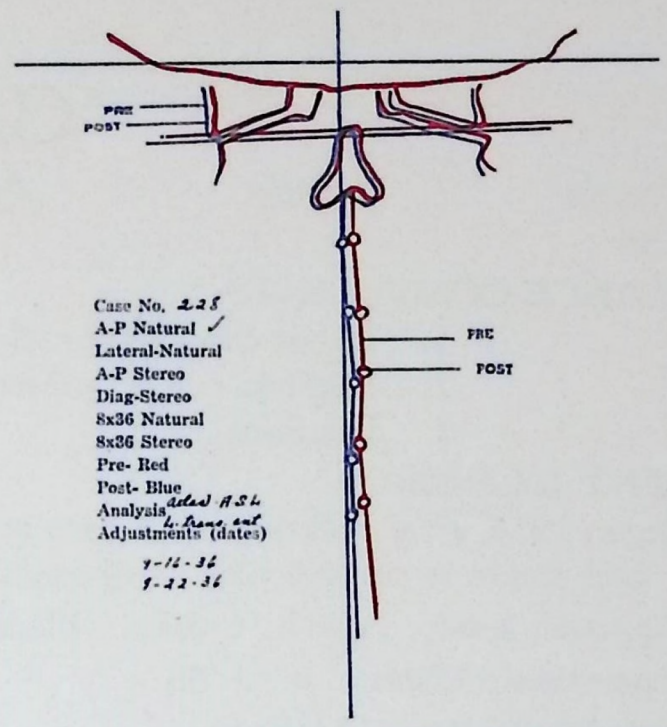
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-15-36 Case No. 228
and 9-23-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
9-16-36.
9-22-36.



Case No. 228
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. trans ant
Adjustments (dates)
9-16-36
9-22-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

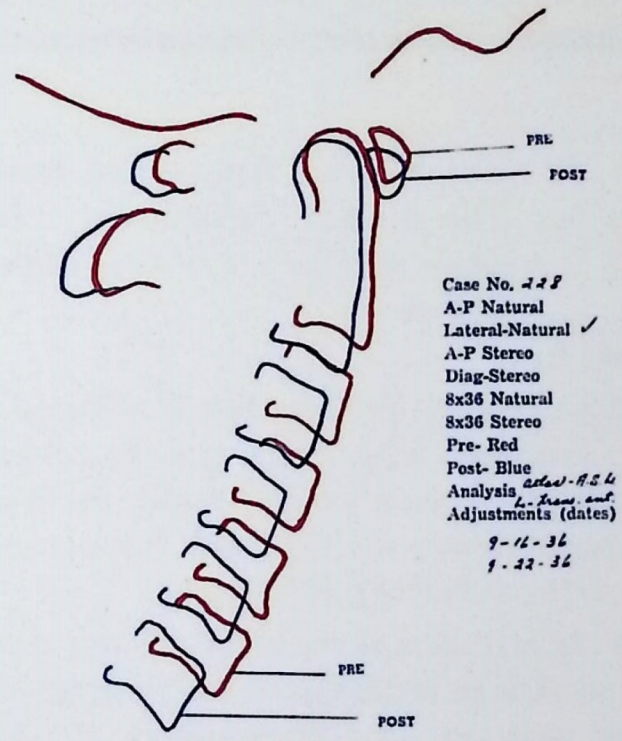
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-16-36 Case No. 228
and 9-22-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
9-16-36.
9-22-36.



Case No. 228
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
L. trans ant
Adjustments (dates)
9-16-36
9-22-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

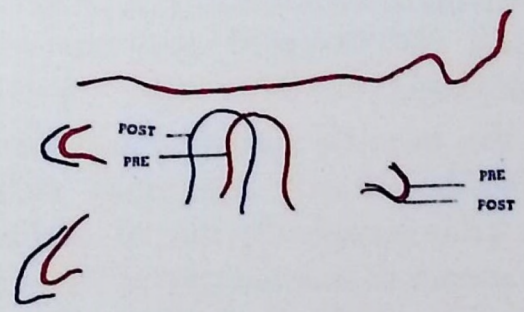
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-15-36 Case No. 228
and 9-22-36

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
9-16-36
9-22-36



Case No. 228
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. trans ant
Adjustments (dates)
9-16 36
9-22 36

CASE No. 232

Female Single Age 51

9/21/36

ENTRANCE COMPLAINTS:

1. Hands contracted and swollen with pain.
2. Palpitation with substernal pain and shortness of breath.
3. Dizziness.

PRESENT ILLNESS:

Began 1934, after suffering much pain in back. Hands became swollen. Heart began about 1933. 1932 had severe stomatitis with involvement throat and ears.

Appetite, good. Bowels, 1 daily. Bladder, negative. Sleep disturbed from pain.

Date case entered Clinic: 9/21/36

Date case left Clinic: 12/17/36

Interval, time lapse — 87 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 9/22/36

Step 2: The Manual Adjustment Position is left

Step 3: The Innate Adjustment "Norm" Position which is mid-way between 1st and 2nd steps.

Explanation:

In this classification the atlas is adjusted from right to left. The result is that atlas goes to extreme left and later settles back to a point usually midway between Subluxation position and Manual Adjustment position, with or without further adjustment.

This classification is the most common in this work. It is the most logical condition we could expect because we know that we, as Chiropractors, do NOT know where Innate wants the vertebra when we adjust it. We have a general idea, of course, but not from a minute point of view. The tendency, then, would be to adjust it a little farther over than where it should be. Innate then makes the setment at a point between the subluxation position and the manual adjustment position.

Of the three classifications, I believe this to be the most logical and practical, and one which we would and should anticipate more than any other.

I say this because a manual adjustment which is on the under-side, or not containing sufficient force to carry the atlas completely out of subluxation position, will not contain as much survival value as one in which it is not only completely taken out of the subluxation position, but slightly beyond, after which Innate will, thru muscular balancing, draw it back to where she wants it.

There is always the tendency, for the time being at least, for the segment to want to slip back to subluxation position due to muscular and ligament weakness in and around segment and perhaps atrophy of intervertebral discs.

Therefore, an adjustment as given in this classification will overcome that tendency of the segment to slip back to its original subluxation position because it is carried far enough to enable Innate to make reparation of muscles and ligaments before it has chance to return to abnormal position again, assuming patient follows proper precautions and rest following adjustment. In other words, the adjustment which is followed thru in correct manner will accomplish this purpose. It need not be a "heavy" adjustment, but one that is fast, concentrated, and clean-cut.

Left Atlas (See Cut No. 5)

Step 1: The Subluxation Position which is left.

Step 2: The Manual Adjustment Position which is right.

Step 3: The Innate Adjustment "Norm" Position which is midway between 1st and 2nd steps.

Explanation:

This is the same as given for RIGHT ATLAS, Classification No. 1, except in reverse directions.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-22-36 Case No. 232
and 12-17-36

Major: Atlas ASR-R-Trans. Post

Adjs. given:
(Dates)
9-22-36

CASE No. 233

Female Married Age 34

9/22/36

ENTRANCE COMPLAINTS:

1. Nervousness. (shaky)
2. Left arm and leg lame.
3. Pain in left side.
4. Poor equilibrium (falls backward).

PRESENT ILLNESS:

Nervousness began 1930 after home burned. Left side became lame and trembling followed. Pain in side began 1934, off and on. Equilibrium involved about January 1, 1936.

Appetite, poor last two weeks. Bowels, one every other day. Bladder, negative. Sleep, disturbed — wakens and can't get back to sleep.

Date case entered Clinic: 9/22/36

Date case left Clinic: 10/21/36

Interval, time lapse — 29 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 2

Dates: 9/23/36; 10/5/36

CLASSIFICATION No. 2

Right Atlas (See Cut No. 6)

Step 1: The Subluxation Position which is right.

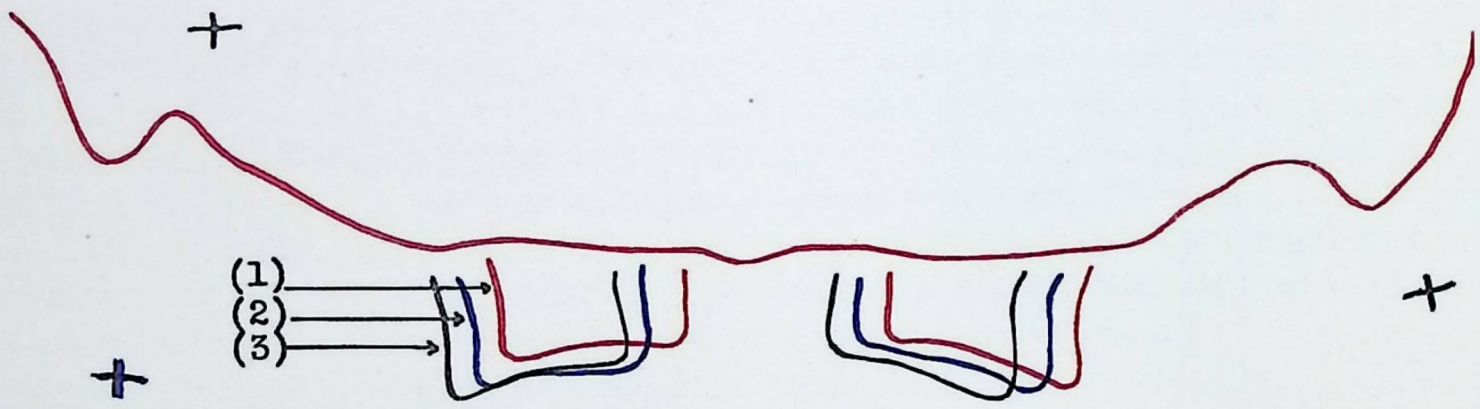
Step 2: The Manual Adjustment Position which is to left.

Step 3: The Innate Adjustment "Norm" Position which is still farther left.

Explanation:

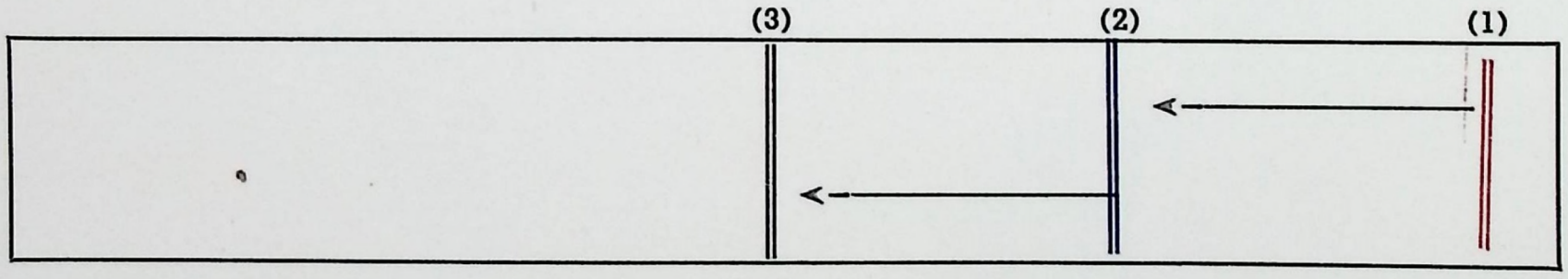
In this classification, atlas makes a series of three continuous general steps in same direction, i.e., from

RIGHT ATLAS SUBLUXATION — Classification No. 2



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK

ATLAS



Cut No. 6

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

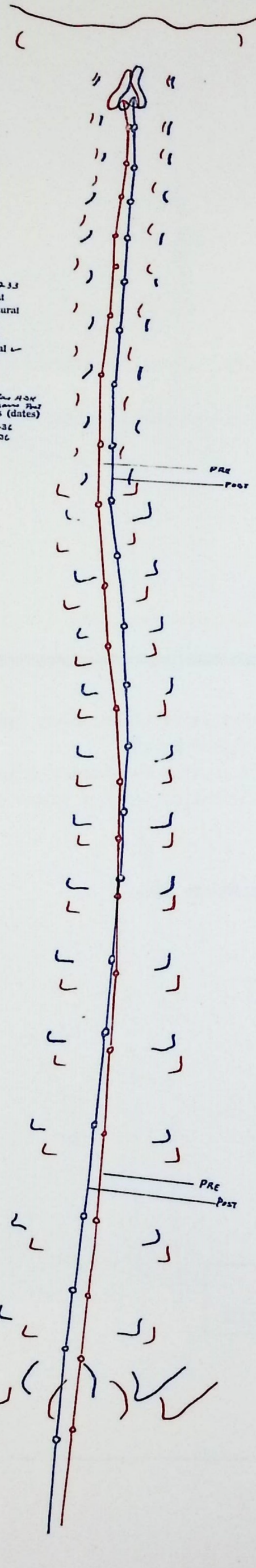
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Rate
Blue, 2nd Rate

Comparative graph between 8x36 film spinographs taken 9-22-36 Case No. 233
and 10-5-36

Major: Atlas ASR R Trans Post

Adjs. given
(Dates)
9-23-36
10-5-36



Case No. 233
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R Trans. Post
Adjustments (dates)
9-23-36
10-5-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

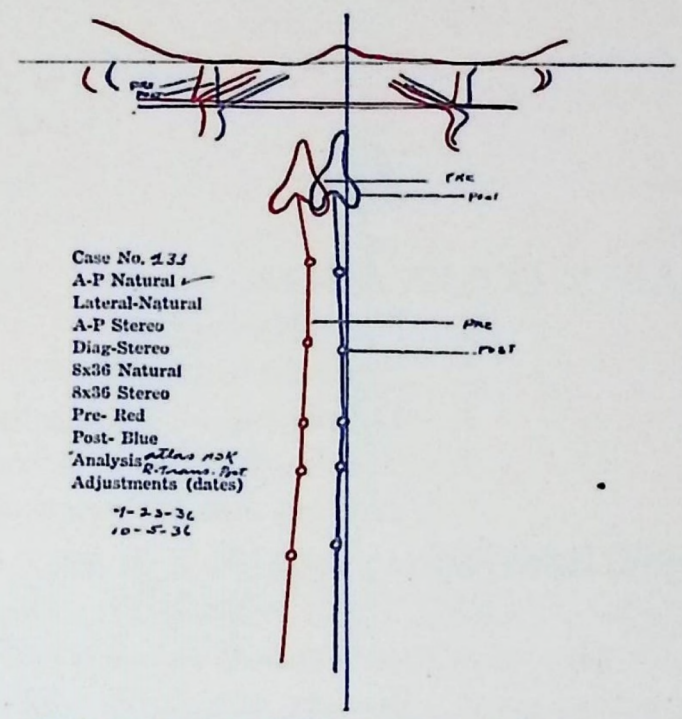
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-22-36 Case No. 233
and 10-5-36

Major: Atlas ASR-R Trans Post

Adjs. given.
(Dates)
9-23-36
10-5-36



Case No. 233
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R Trans. Post
Adjustments (dates)
9-23-36
10-5-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

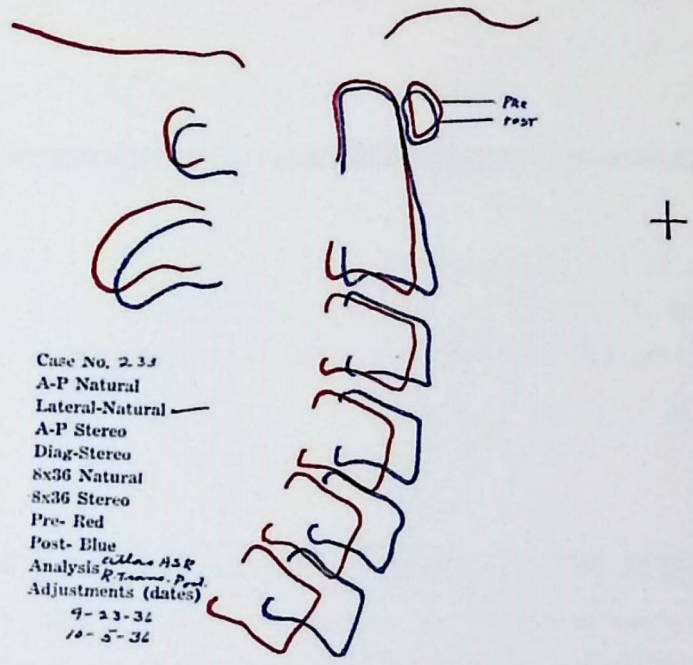
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-22-36 Case No. 233
and 10-21-36

Major: Atlas ASR-R Trans Post

Adjs. given:
(Dates)
9-23-36
10-5-36



Case No. 233
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R Trans. Post
Adjustments (dates)
9-23-36
10-5-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

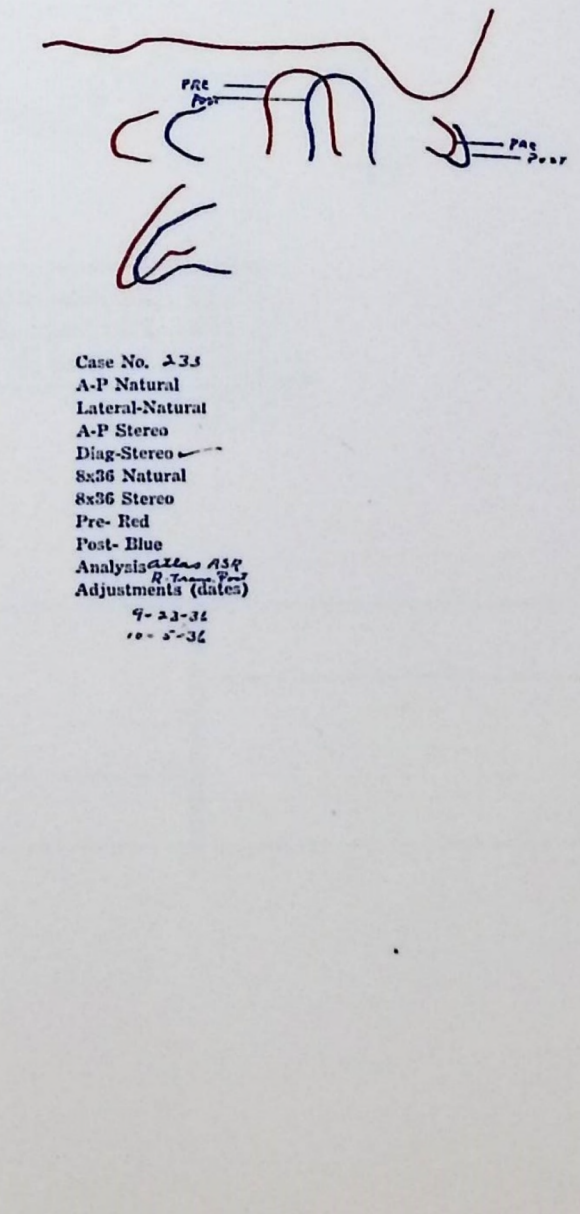
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-22-36 Case No. 233.
and 10-21-36

Major: Atlas ASR-R Trans Post

Adjs. given:
(Dates)
9-23-36
10-5-36



Case No. 233
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R Trans. Post
Adjustments (dates)
9-23-36
10-5-36

CASE No. 237

Male Single Age 11

9/28/36

ENTRANCE COMPLAINTS:

1. Eyes, Nystagmus.
2. Holds head to one side.
3. Dysphonia — trouble with letter "F".
4. Peculiar actions. Worries about himself. Moody.
5. Asthma and hay fever since babe.

PRESENT ILLNESS:

Asthma and Hay Fever since babe. Has been precocious child in tests. Eyes, Nystagmus since babe. Dysphonia, about one month. Peculiar mental status also.

Appetite, good. Bowels, one daily. Bladder, negative. Sleep, disturbed by asthma or Hay Fever.

Date case entered Clinic: 9/28/36

Date case left Clinic: 12/3/36

Interval, time lapse — 66 days

Analysis: Atlas ASR — right transverse anterior

Adjustments: 1

Dates: 9/29/36

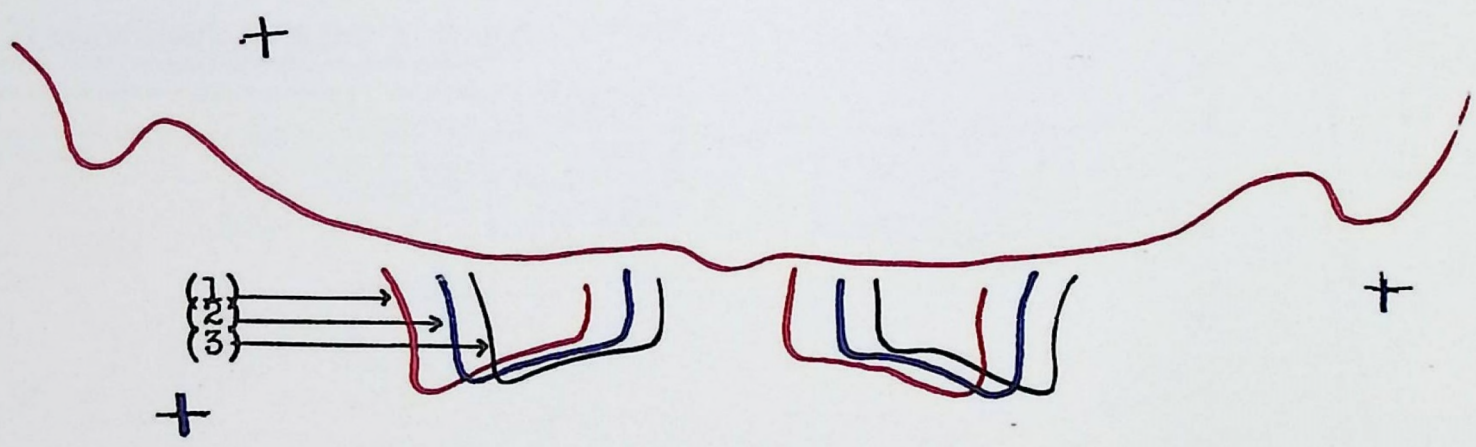
---

right to left. It is a right subluxation; the Manual Adjustment carries it to left; Innate Adjustment "Norm" position is still farther left, and setment is made in that position.

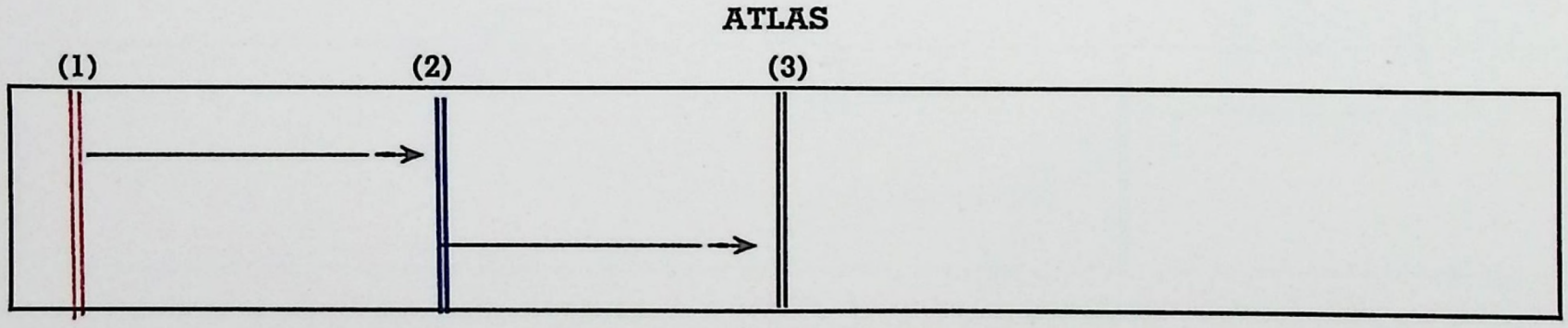
This is the next common position and is a condition quite desired and logical.

It shows, however, that the manual adjustment may not have been sufficient to carry it where the segment

LEFT ATLAS SUBLUXATION — Classification No. 2



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK



Cut No. 7

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

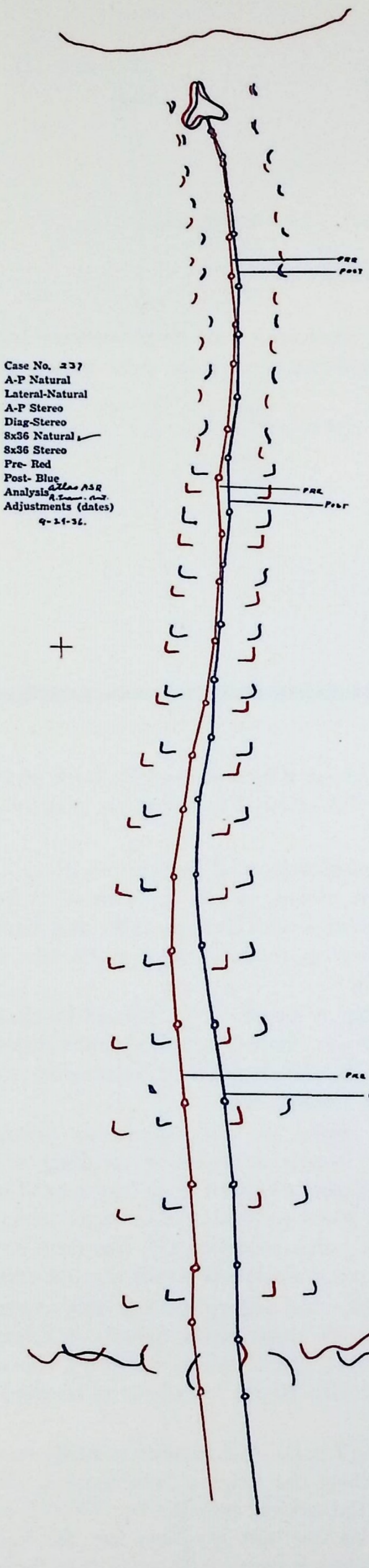
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-21-36 Case No. 237
and 10-2-36

Major: Atlas ASR-R-Trans. Ant.

Adjs. given:
(Dates)
9-24-36



Case No. 237
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Ant.
Adjustments (dates)
9-24-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

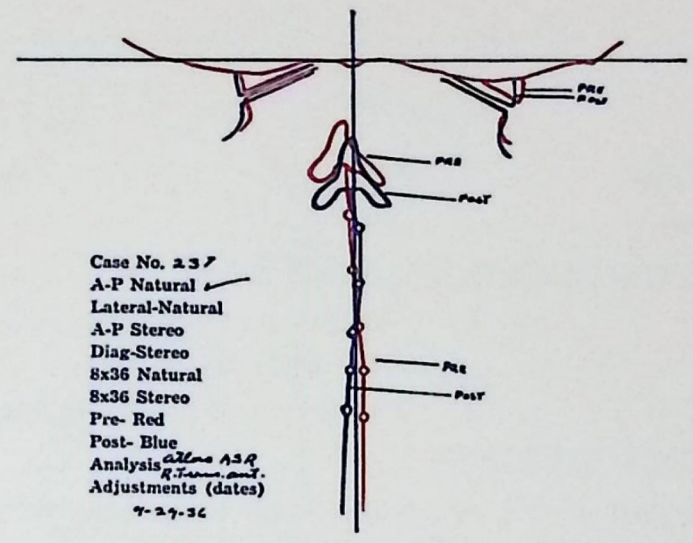
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-21-36 Case No. 237
and 10-3-36

Major: Atlas ASR. R Trans. Ant.

Adjs. given:
(Dates)
9-24-36



Case No. 237
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Ant.
Adjustments (dates)
9-24-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

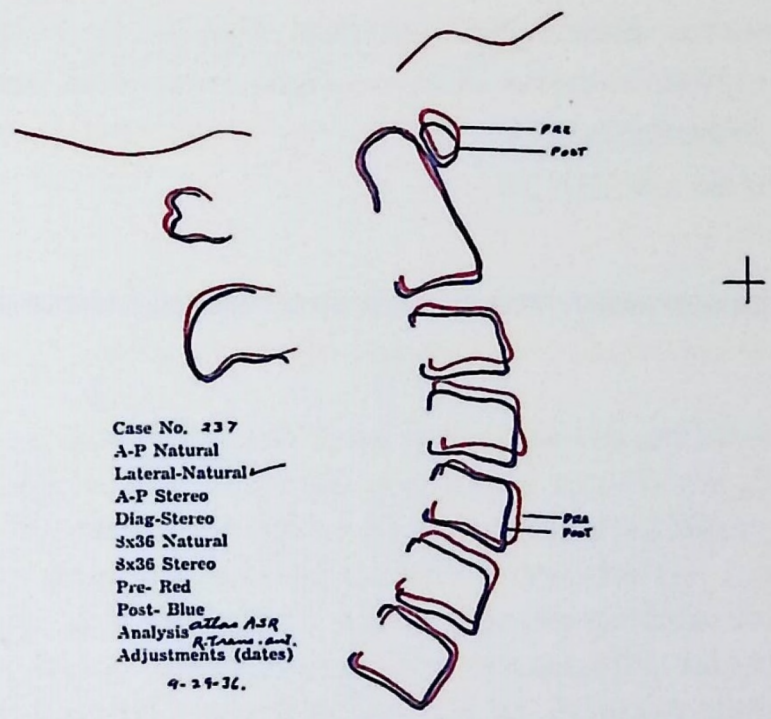
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-21-36 Case No. 237
and 9-7-36

Major: Atlas ASR-R-Trans. Ant.

Adjs. given:
(Dates)
9-24-36.



Case No. 237
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Ant.
Adjustments (dates)
9-24-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

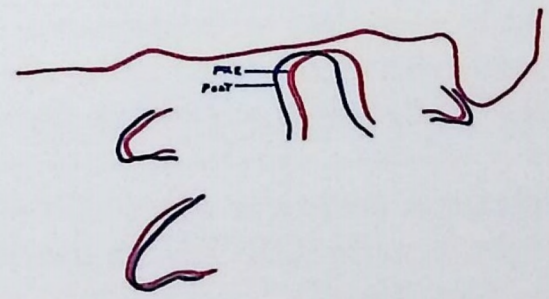
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-21-36 Case No. 237
and 10-3-36

Major: Atlas ASR-R-Trans. Ant

Adjs. given:
(Dates)
9-24-36



Case No. 237
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Ant.
Adjustments (dates)
9-24-36.

CASE No. 239

Male Married Age 28

9/28/36

ENTRANCE COMPLAINTS:

1. Arthritis (Chronic infections). (Diag. Rochester). Not much pain. only on motion.
2. No sense of taste or smell only off and on since operation.

PRESENT ILLNESS:

Began 1929, sprained back shoveling coal as fireman on railroad. Adjusted with improvement but back never was right. In 1934, general involvement of joints and couldn't bend spine over very well. At present all joints are involved.

Appetite, poor. Bowels, one daily. Bladder, negative. Sleep, "no good".

Date case entered: 9/28/36

Date case left Clinic: 10/7/36

Interval, time lapse — 9 days

Analysis: Atlas AIR — right transverse posterior

Adjustments: 1

Dates: 9/30/36

---

should be, or where it is most desired; altho, as I pointed out, we do not know precisely where it should go. Or, it could be a condition in which the muscular and ligament structures surrounding the segment could not have undergone adaptation immediately at the time of manual adjustment and the vertebra could not reach Innate position, or a position slightly beyond it for final setment later, even in the event that sufficient force has been contained in manual adjustment. That is to say, there might be a taut condition of muscles and ligaments on one side which would not have sufficient time to become normal, or adapt themselves in the time necessary to give or complete an adjustment, but which, given time, would enable Innate to bring about normal tonicity and the Innate adjustment would then take place.

This classification indicates a condition in which the segment might actually GROW to Innate position.

Left Atlas (See Cut No. 7)

Step 1: The Subluxation Position which is left.

Step 2: The Manual Adjustment Position which is to right.

Step 3: The Innate Adjustment "Norm" Position which is still farther right.

Explanation:

This is the same as given in RIGHT ATLAS, Classification No. 2, except in reverse direction.

CLASSIFICATION No. 3

Right Atlas (See Cut No. 8)

Step 1: The Subluxation Position which is right.

Step 2: The Manual Adjustment Position which is to left.

Step 3: The Innate Adjustment "Norm" Position which is to right, back and beyond the original subluxation position.

Explanation:

In this classification, adjustment is given on atlas from right. It moves to left in Manual Adjustment position, but then moves back to right and beyond the original subluxation position to a point which is the Innate position.

This condition occurs less frequently than other two classifications. It indicates a definite abnormality, or variable, in the development of osseous structures of condyles, atlas, and/or axis.

It would appear to contradict our judgment in analyzing and listing subluxation, making it appear that we should have adjusted from left instead of right. However, the rules governing our measurements and calculations of atlas analyses are constant so far as normal and general abnormal structures are concerned.

It is possible that anomalies not only account for Innate setment in these cases, which is contrary to our general knowledge of where we think the vertebra should go, but also to the conclusions reached in the analyses.

Because the Innate Adjustment is made to a point farther right than the original subluxation, does not mean it is not the correct position for THAT case. It may actually be the best position for the individual case. Neither does it necessarily mean that the analysis was incorrect for that case.

Left Atlas (See Cut No. 9)

Step 1: The Subluxation Position which is left.

Step 2: The Manual Adjustment Position which is to right.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 7-25-36 Case No. 235
and 10-7-36

Major: Atlas AIR - R. Trans. Post.

Adjs. given:
(Dates)
9-30-36

CASE No. 241

Female Married Age 53

9/27/36

ENTRANCE COMPLAINTS:

1. Productive cough.
2. Pulmonic Hemorrhage.
3. Draining wound, left side, over left Iliac crest.

PRESENT ILLNESS:

Began 1918, and is free in Summer until 1936, dust made cough worse. March 16, 1936, first spit up blood. Many hemorrhages since. Had running wound on side since 1913. (Spontaneous drainage of a large lump on abdomen).

Appetite, good. Bowels, 2 daily. Bladder, nocturia, 1-2. Sleep, very good.

Date case entered Clinic: 9/27/36

Date case left Clinic: 11/30/36

Interval, time lapse — 64 days

Analysis: Atlas AIR — right transverse anterior

Adjustments: 6

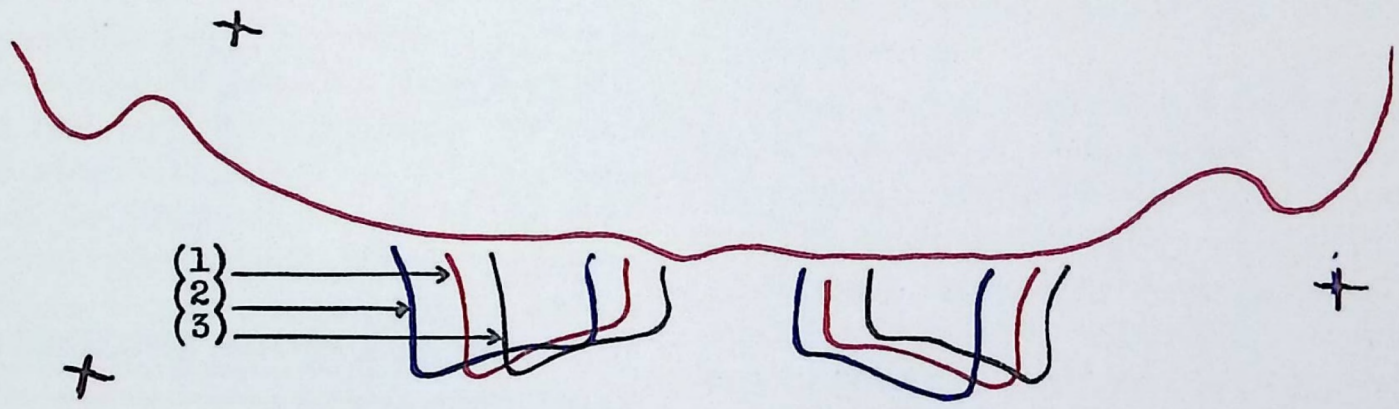
Dates: 9/30/36; 10/12/36; 10/17/36; 10/26/36; 11/2/36; 11/27/36

Step 3: The Innate Adjustment "Norm" Position which is to left, back and beyond original subluxation position.

Explanation:

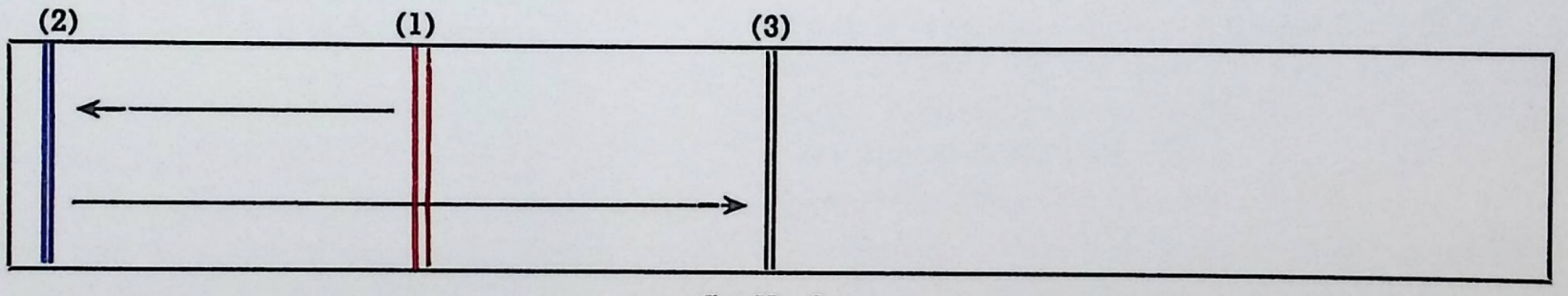
This is the same as given in RIGHT ATLAS, Classification No. 3, except in reverse direction.

RIGHT ATLAS SUBLUXATION — Classification No. 3



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK

ATLAS



Cut No. 8

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

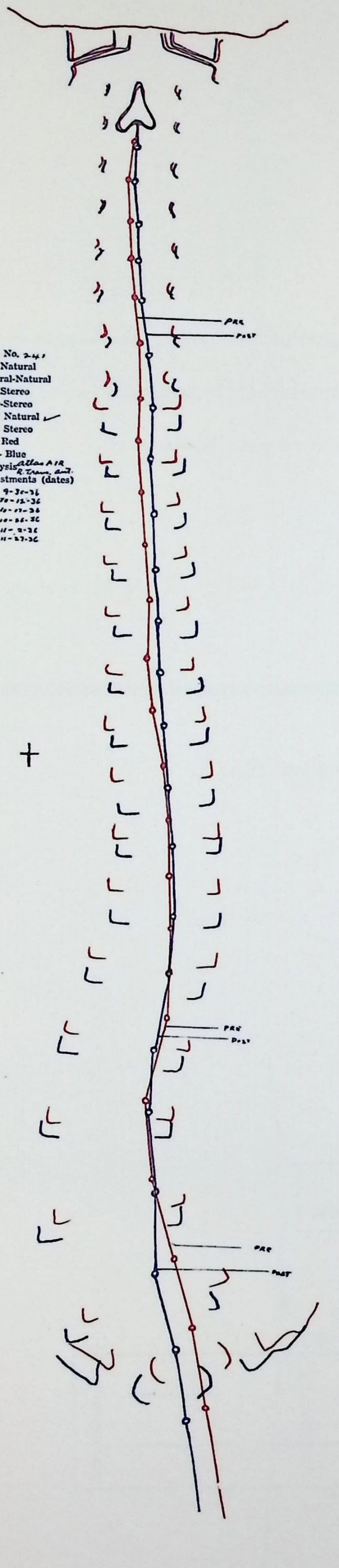
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Radio
Blue, 2nd Date

Comparative graph between 8x36 film spinographs taken 5-27-36 Case No. 241
and 11-30-36

Major: Atlas AIR R-Trans. and

Adjs. given:
(Dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36



Case No. 241
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIR R-Trans. and
Adjustments (dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

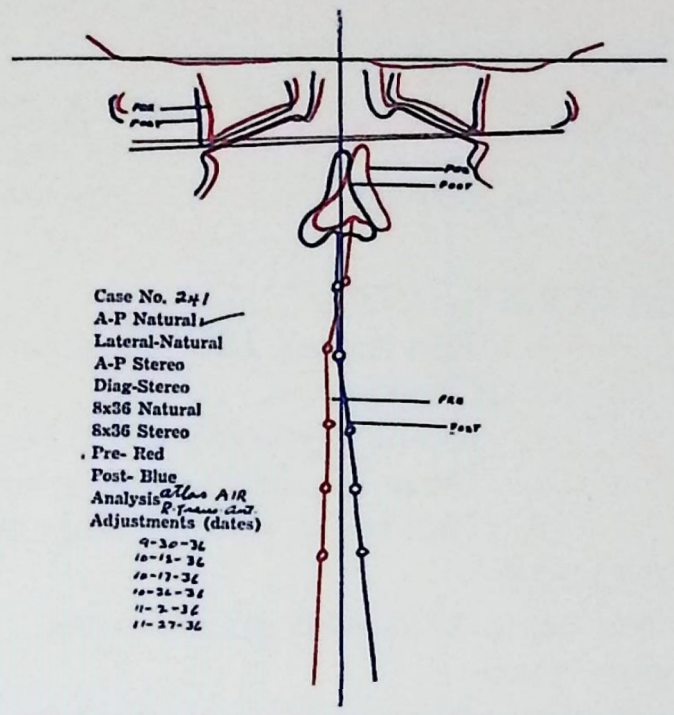
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, opening date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-27-36 Case No. 241
and 11-30-36

Major: Atlas AIR- R-Trans and

Adjs. given:
(Dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36



Case No. 241
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIR R-Trans and
Adjustments (dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

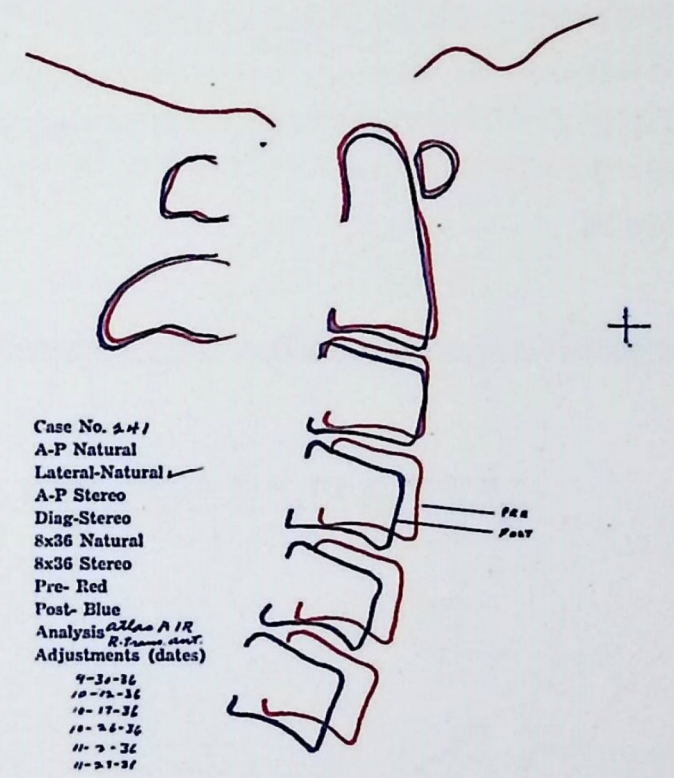
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-27-36 Case No. 241
and 11-30-36

Major: Atlas AIR- R-Trans and

Adjs. given:
(Dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36



Case No. 241
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIR R-Trans and
Adjustments (dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

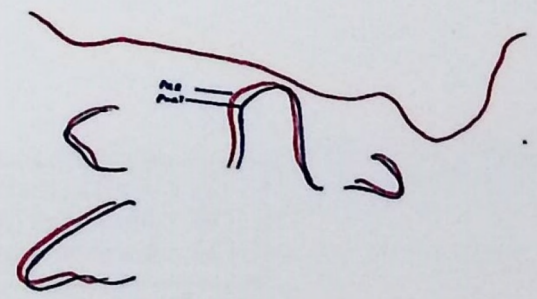
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-30-36 Case No. 241
and 11-30-36

Major: Atlas AIR-R-Trans and

Adjs. given:
(Dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36



Case No. 241
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AIR R-Trans and
Adjustments (dates)
9-30-36
10-12-36
10-17-36
10-26-36
11-2-36
11-27-36

CASE No. 242

Male Married Age 64

10/5/36

ENTRANCE COMPLAINTS:

1. Pain in both feet. (Left worse).
2. Constipation.
3. Gas on stomach one half hour after eating.
4. Dizzy at times, related to stomach.
5. Pain region of 5th lumbar and sacrum.

PRESENT ILLNESS:

Pain in feet began 1933 with gradual onset. Has been having pain region of 5th lumbar and sacrum for past three years.

Constipation since 1919 and improved while in school, 1919. Gas on stomach (PC) about the same time. Dizziness related. Sugar in urine discovered about this time.

Appetite, good. Bowels, move only with enema. Bladder, nocturia, four to five. Sleep, good.

Date case entered Clinic: 10/5/36

Date case left Clinic: 10/26/36

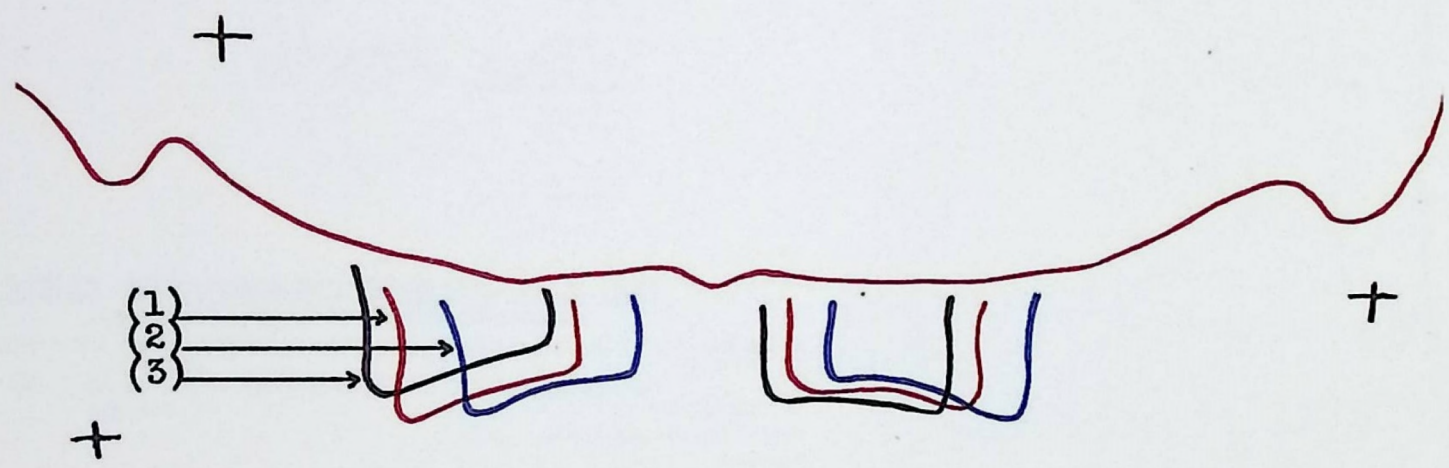
Interval, time lapse — 21 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

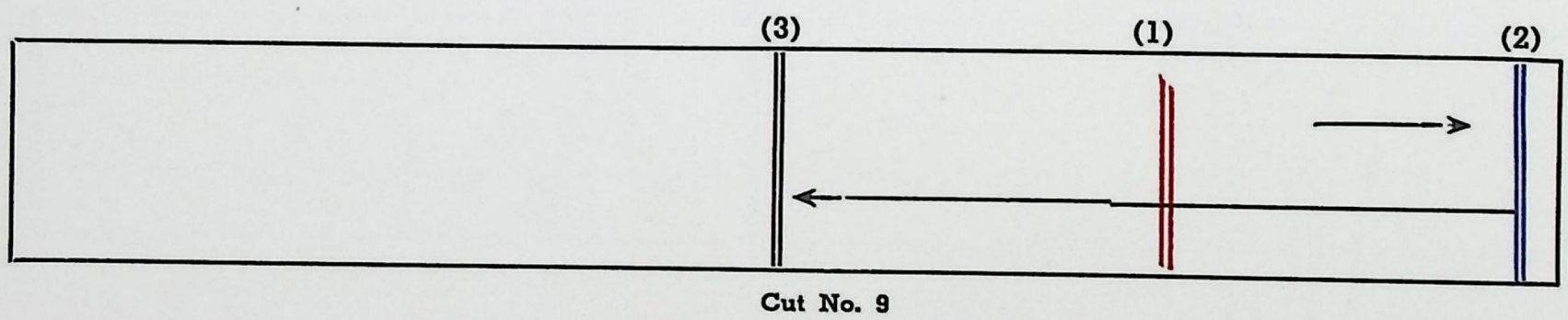
Dates: 10/6/36

LEFT ATLAS SUBLUXATION — Classification No. 3



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK

ATLAS



Cut No. 9

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Exhib. Blue, Final Exhib.

Comparative graph between 8x36 film spinographs taken 10-6-36 Case No. 242
and 10-26-36

Major: Atlas ASR - R. Trans. Post.

Adjs. given:
(Dates)
10-6-36

Case No. 242
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
10-6-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

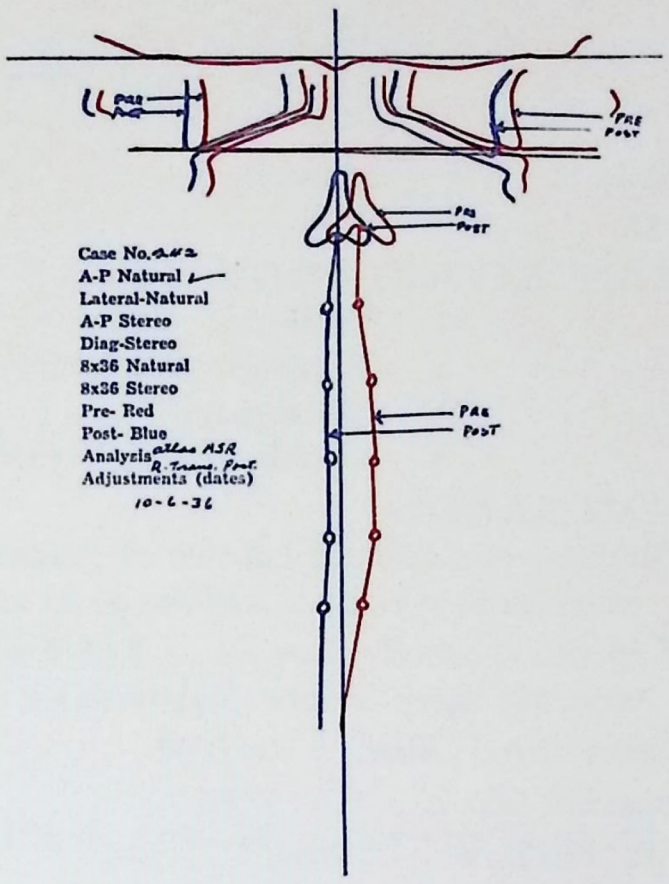
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-5-36 Case No. 242
and 10-26-36

Major: Atlas ASR R. Trans. Post.

Adjs. given:
(Dates)
10-6-36



Case No. 242
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post.
Adjustments (dates)
10-6-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

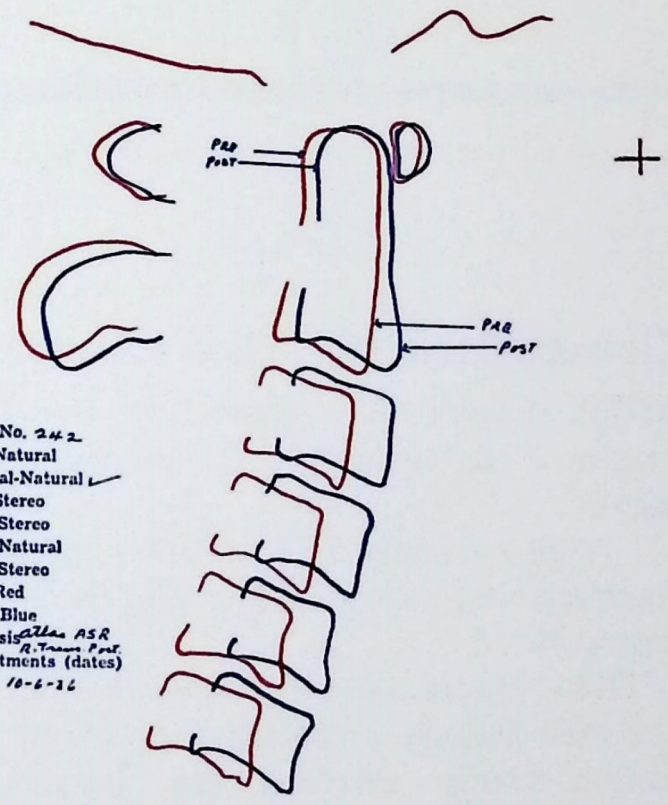
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-5-36 Case No. 242
and 10-26-36

Major: Atlas ASR - R. Trans. Post

Adjs. given:
(Dates)
10-6-36



Case No. 242
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
10-6-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

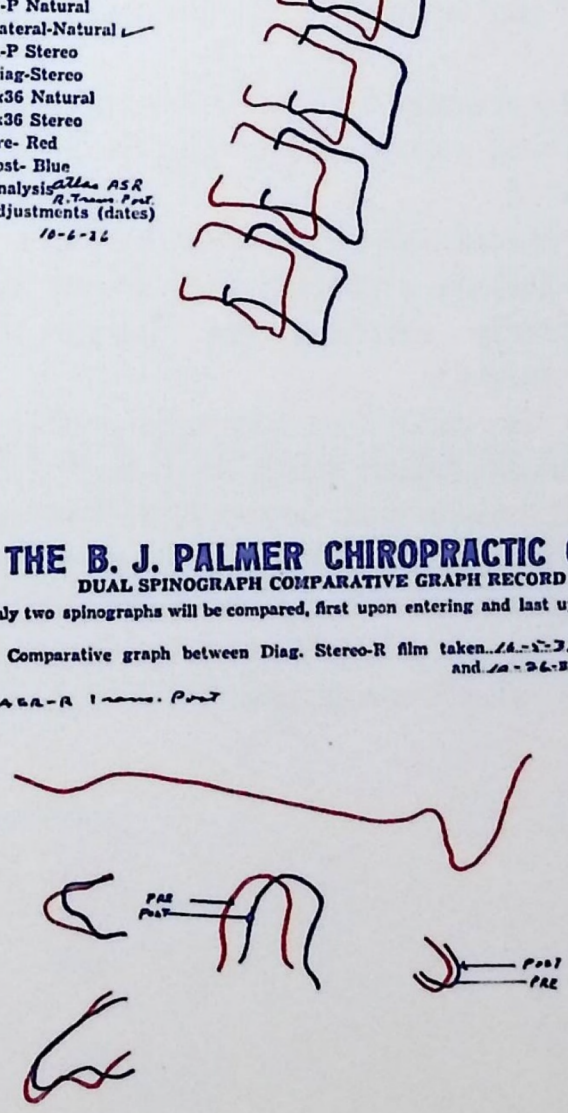
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 10-5-36 Case No. 242
and 10-26-36

Major: Atlas ASR-R Trans. Post

Adjs. given:
(Dates)
10-6-36



Case No. 242
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR R. Trans. Post
Adjustments (dates)
10-6-36

CASE No. 243

Male Married Age 54

10/5/36

ENTRANCE COMPLAINTS:

1. Dizziness.
2. Pain right side neck and to head, and in both knees and feet.
3. Constipated.
4. Unable to walk in the dark; gets out of balance.

PRESENT ILLNESS:

Dizziness and difficult balance of gradual onset since 1926 approximately. Worse after operation. Pains came on in past two or three years and are getting worse.

Appetite — good. Bowels — 3 or 4 times daily on mineral oil. Fills up with gas and has no bowel movement for three or four days without oil. Bladder — Negative. Sleep — very well.

Date case entered Clinic: 10/5/36

Date case left Clinic: 10/13/36

Interval, time lapse — 8 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 10/6/36

Conclusions Re Atlas Classifications

THESE classifications show a series of three "patterns of movement" in the process of atlas adjustment.

Approximately 90% of cases receiving atlas adjustment will follow one of the three classifications herein listed.

These classifications account for and show why the atlas follows a certain and definite series of position, finally reaching the Innate Adjustment "Norm" position.

That the atlas does move, is positive; that our Manual Adjustment is not final, is evident; that Innate does make a final setment, is obvious!

NB: These patterns have not taken into account the complications of rotation in the subluxation, but merely brot out what happens so far as general laterality of atlas is concerned.

Two General Classifications — Axis

OBVIOUSLY the axis is involved in the adjustment of atlas, more especially because it is inter-articulated with atlas, thereby being next in line to be affected thru concussion of forces of Manual Adjustment and muscular and ligament balancing of atlas in Innate Adjustment.

The relationship of position of axis with atlas is divided into two general classifications:

1. Axis spinous process rotated in same direction as atlas laterality.
2. Axis spinous process rotated in opposite direction to atlas laterality.

Using atlas classification No. 1 as a basis, the following shows changes of axis in relationship to atlas laterality:

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

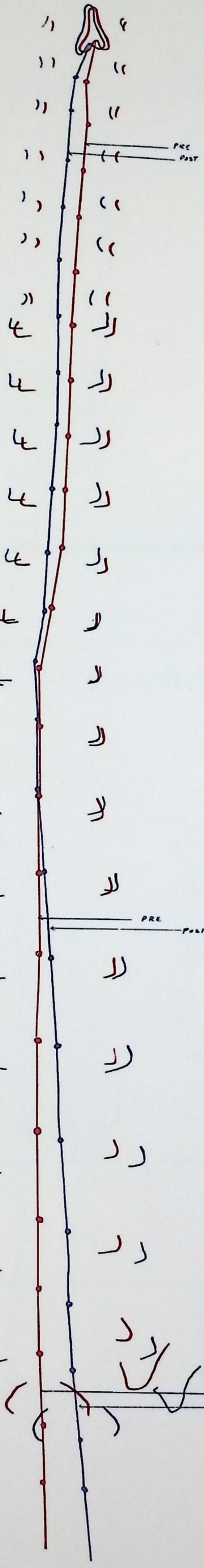
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken...10-5-36... Case No. 243.
and.....

Major: Atlas ASL-L Trans-ant

Adjs. given:
(Dates)
10-6-36



Case No. 243
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans-ant
Adjustments (dates)
10-6-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

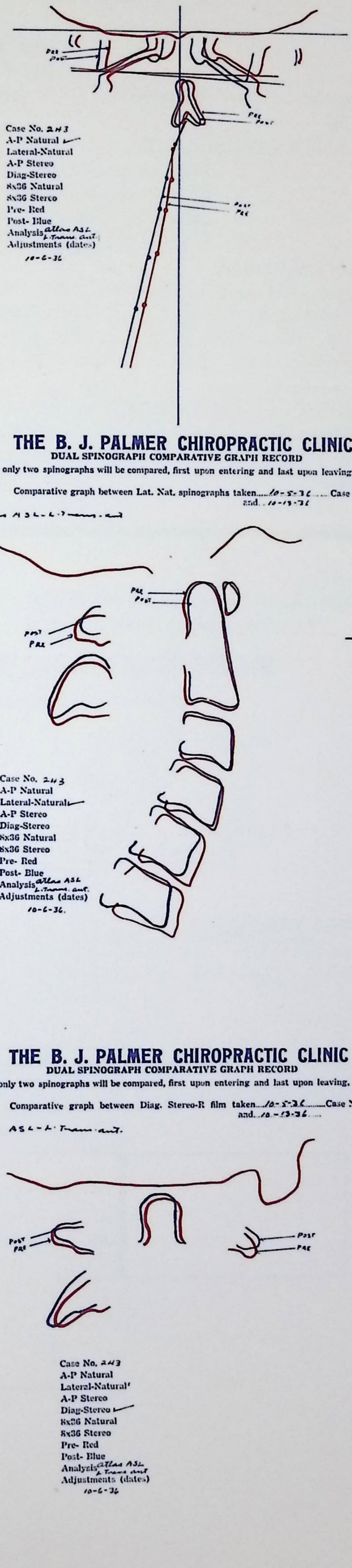
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken...10-5-36... Case No. 243
and...10-13-36...

Major: Atlas ASL-L-Trans-ant.

Adjs. given:
(Dates)
10-6-36



Case No. 243
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans-ant
Adjustments (dates)
10-6-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken...10-5-36... Case No. 243
and...10-13-36

Major: Atlas ASL-L-Trans-ant

Adjs. given:
(Dates)
10-6-36

Case No. 243
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans-ant
Adjustments (dates)
10-6-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken...10-5-36...Case No. 243
and...10-13-36...

Major: Atlas ASL-L-Trans-ant.

Adjs. given:
(Dates)
10-6-36

Case No. 243
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans-ant
Adjustments (dates)
10-6-36

CASE No. 246

Female Married Age 39

10/12/36

ENTRANCE COMPLAINTS:

1. Nervous breakdown.
2. Pressure, back of head.
3. Stiffening of spinal column.
4. Catarrh of head and loss of smell.

PRESENT ILLNESS:

Began 1924, after birth of first child. Nervous. Sleepy. Always had catarrh. Lost smell 1915, and only occasionally can smell now. Spine began to stiffen 1933, and has improved some, except from shoulders up. Break-down in August, 1936 on basis of Pyelitis.

Appetite, Good. Bowels, 2 daily with anabolic food. Bladder, negative. Sleep, splendid with Barbital.

Date case entered Clinic: 10/12/36
Date case left Clinic: 10/26/36
Interval, time lapse — 14 days
Analysis: Atlas ASL — left transverse anterior
Adjustments: 1
Dates: 10/13/36

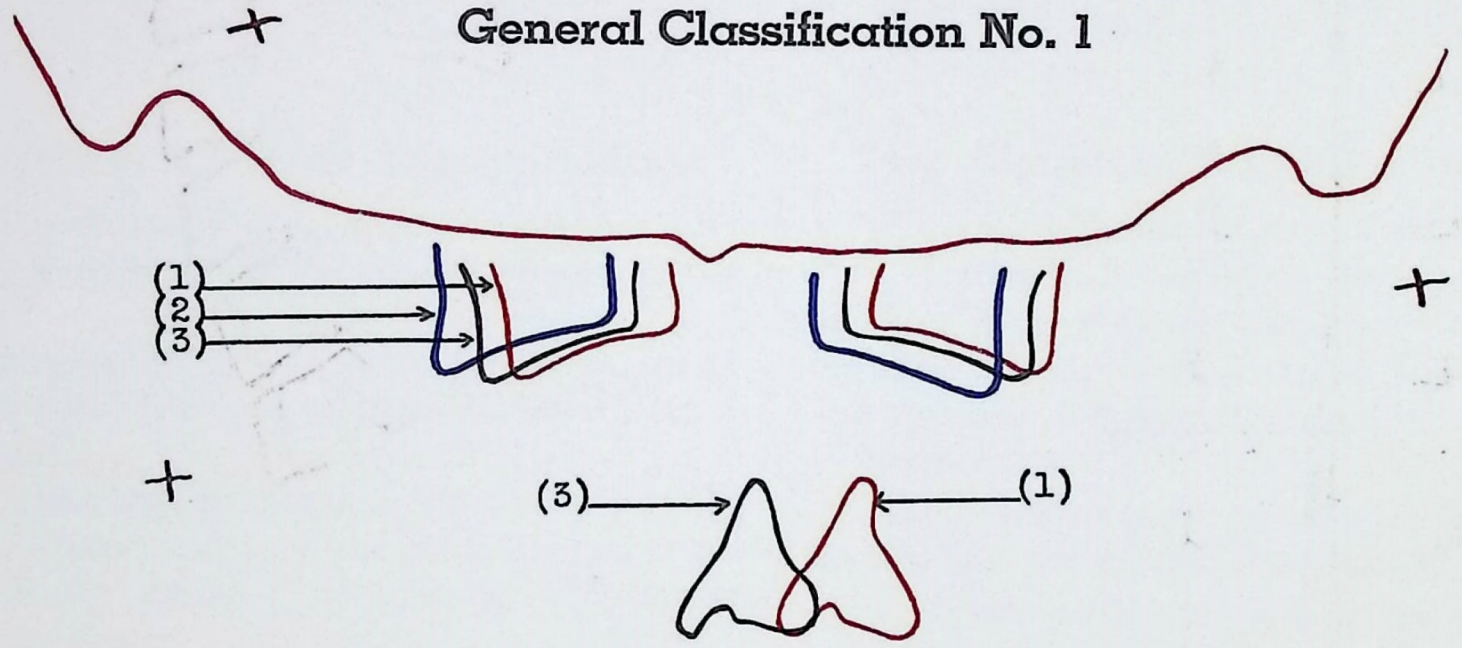
Right Atlas

Axis Classification No. 1 (See Cut No. 10)

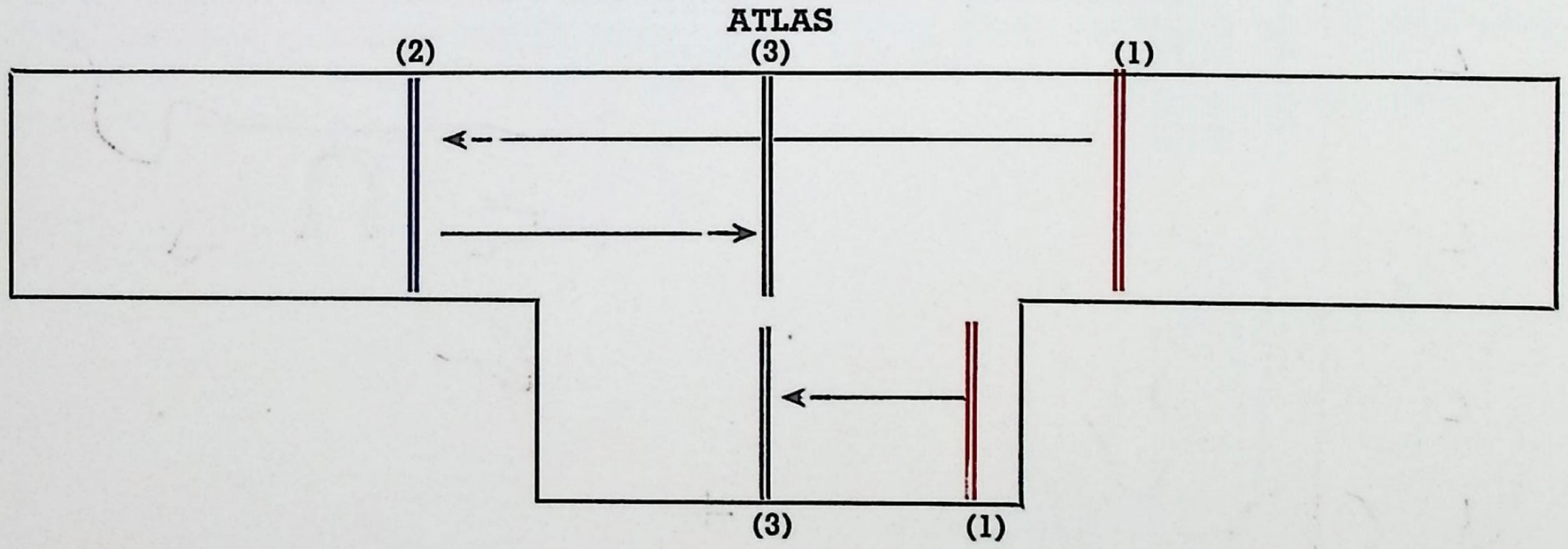
1. Axis spinous rotated to right.
2. Shifting of position variable.
3. Innate "Norm" position center.

RIGHT ATLAS SUBLUXATION AND AXIS RELATIONSHIP

General Classification No. 1



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK



Cut No. 10

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

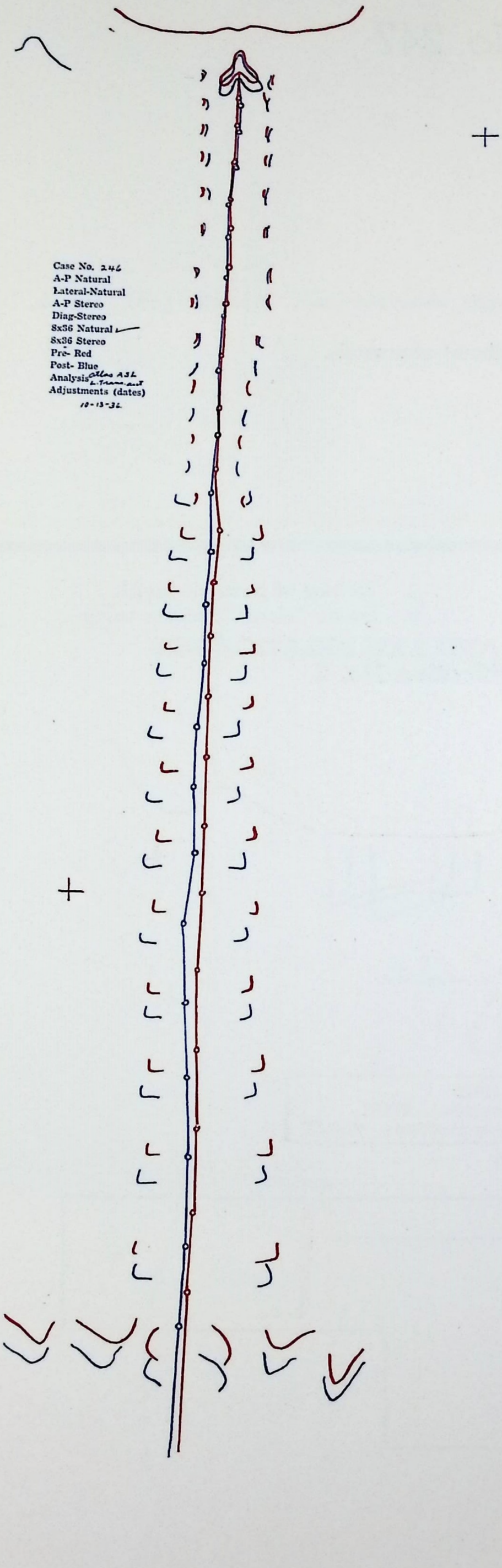
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 10-13-36 Case No. 246
and 10-26-36

Major: Atlas ASL - L-Trans. ant.

Adjs. given: (Dates)
10-13-36.



Case No. 246
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. ant.
Adjustments (dates)
10-13-36.

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

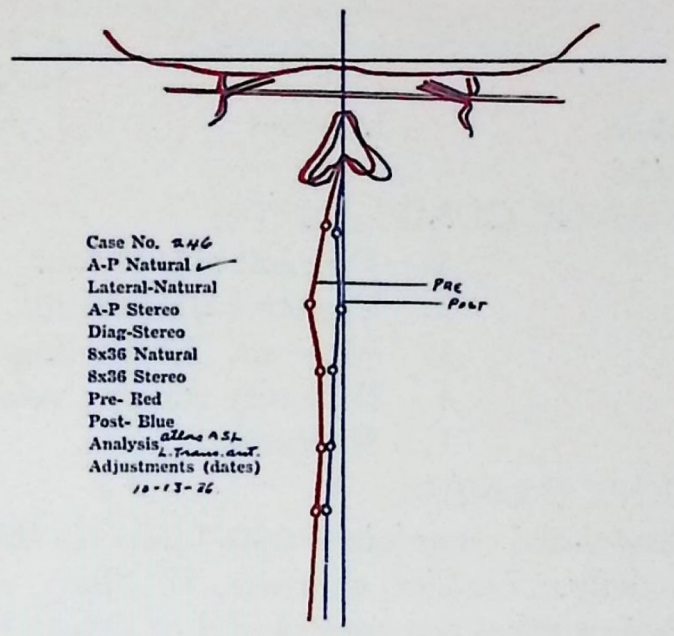
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-13-36 Case No. 246
and 10-26-36

Major: Atlas ASL-L-Trans. ant.

Adjs. given: (Dates)
10-13-36.



Case No. 246
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. ant.
Adjustments (dates)
10-13-36.

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

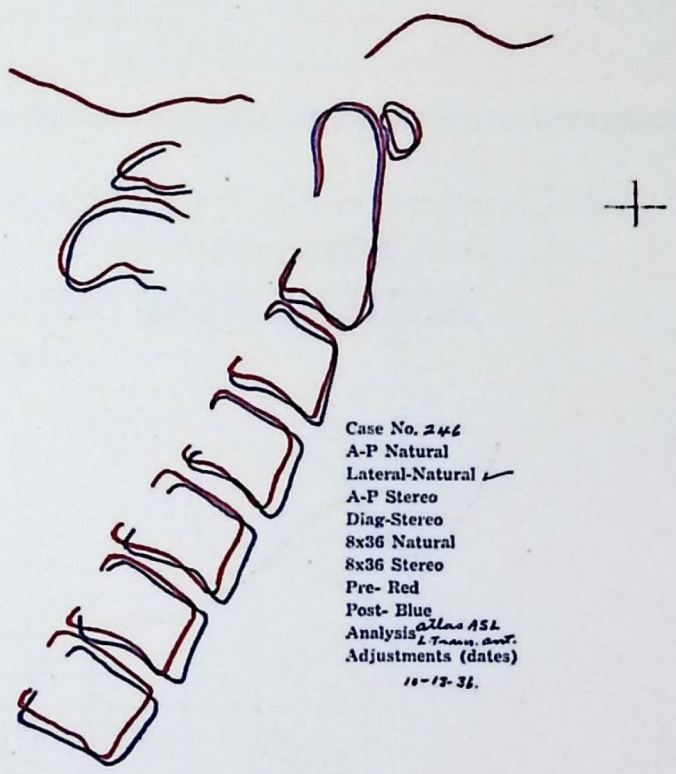
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-13-36 Case No. 246
and 10-26-36

Major: Atlas ASL-L-Trans. ant.

Adjs. given: (Dates)
10-13-36.



Case No. 246
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. ant.
Adjustments (dates)
10-13-36.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

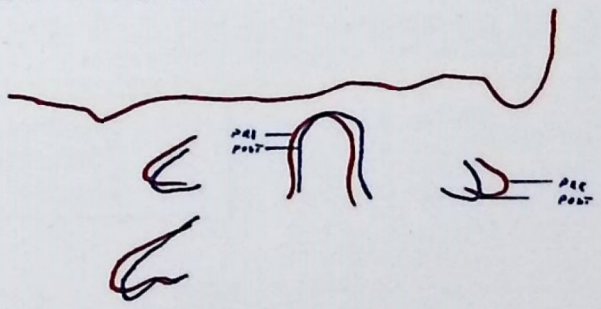
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 10-13-36 Case No. 246
and 10-26-36

Major: Atlas ASL-L-Trans. ant.

Adjs. given: (Dates)
10-13-36.



Case No. 246
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. ant.
Adjustments (dates)
10-13-36.

CASE No. 247

Male Married Age 71

10/15/36

ENTRANCE COMPLAINTS:

1. Pain left side of face.
2. Digestive disturbance.
3. Nervous. Can't sleep.
4. Difficulty starting void.
5. Nocturia, 3.

PRESENT ILLNESS:

Associated complaints with injury to the neck. Nocturia, about five years. Appetite, good. Bowels, 1-2 daily. Bladder, nocturia, 3. Sleep, very poorly.

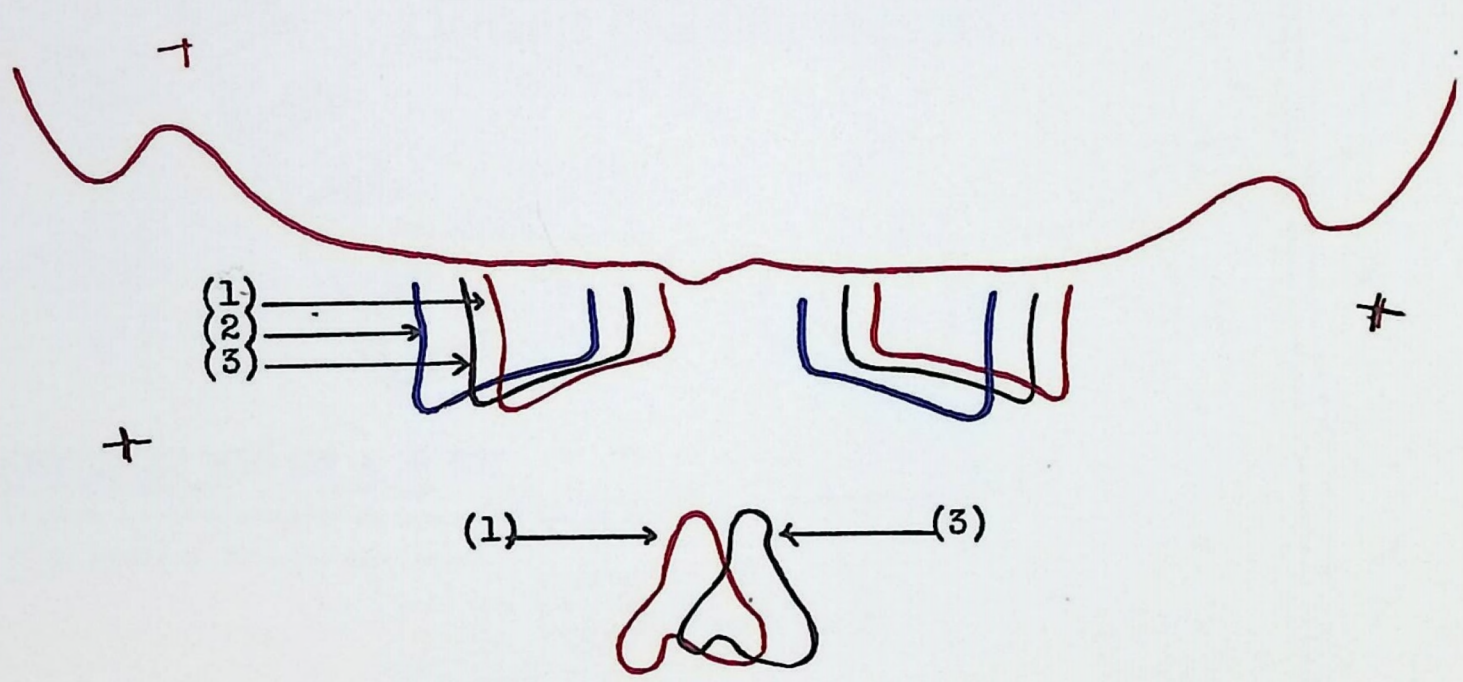
Patient takes one teaspoonful of Dilute H.C1 (Post Cebum) after meals.

Date case entered Clinic: 10/15/36
Date case left Clinic: 10/22/36
Interval, time lapse — 7 days
Analysis: Atlas ASL
Adjustments: 1
Dates: 10/16/36

Axis Classification No. 2 (See Cut No. 11)

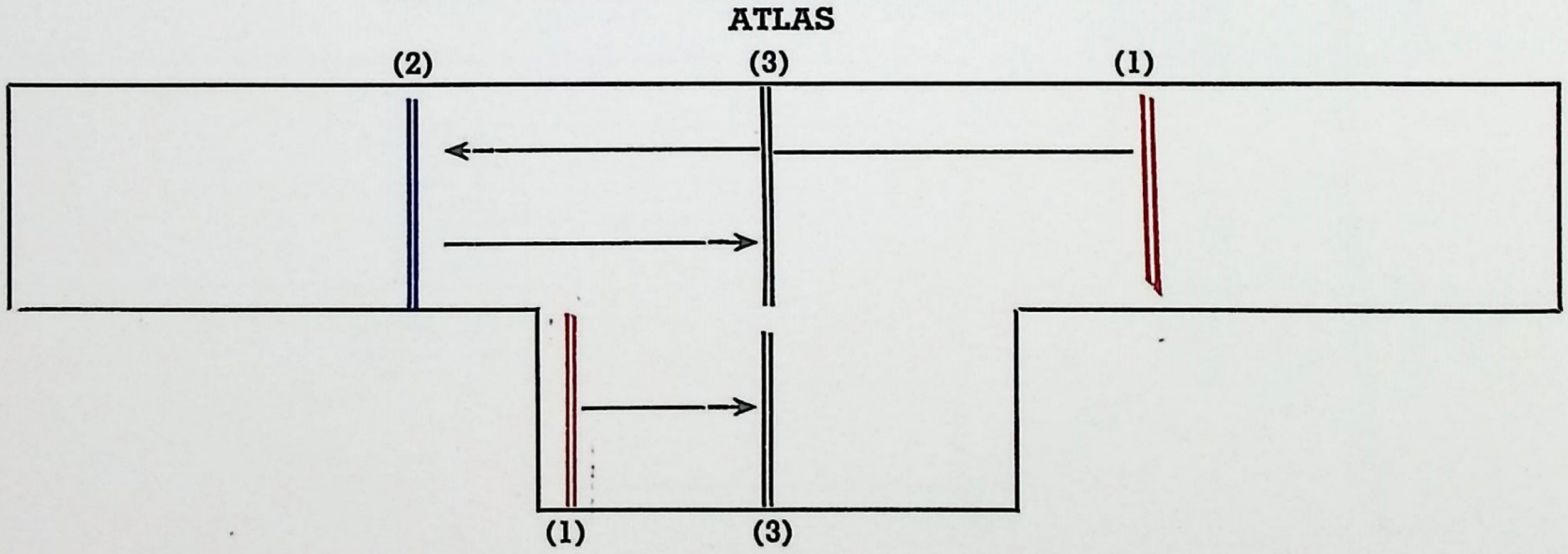
1. Axis spinous rotated to left.
2. Shifting of position variable.
3. Innate "Norm" position center.

RIGHT ATLAS SUBLUXATION AND AXIS RELATIONSHIP
General Classification No. 2



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK

ATLAS



AXIS

Cut No. 11

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

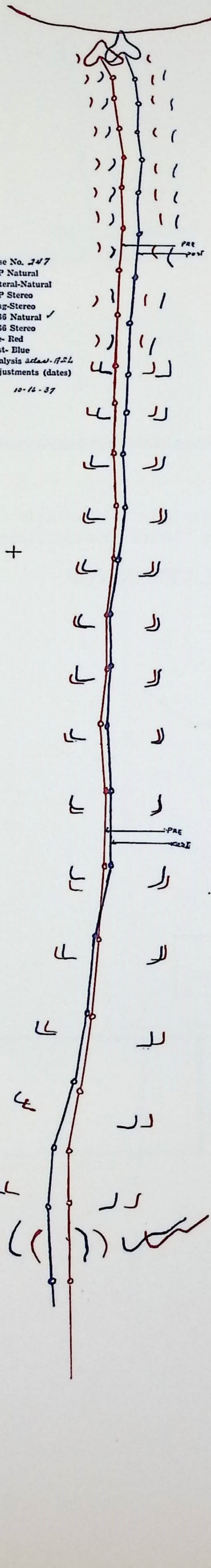
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st date
Blue, 2nd date

Comparative graph between 8x36 film spinographs taken 10-10-36, Case No. 247
and 10-22-36

Major: Atlas ASL

Adjs. given. (Dates)
10-16-36.



Case No. 247
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
Adjustments (dates)
10-16-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

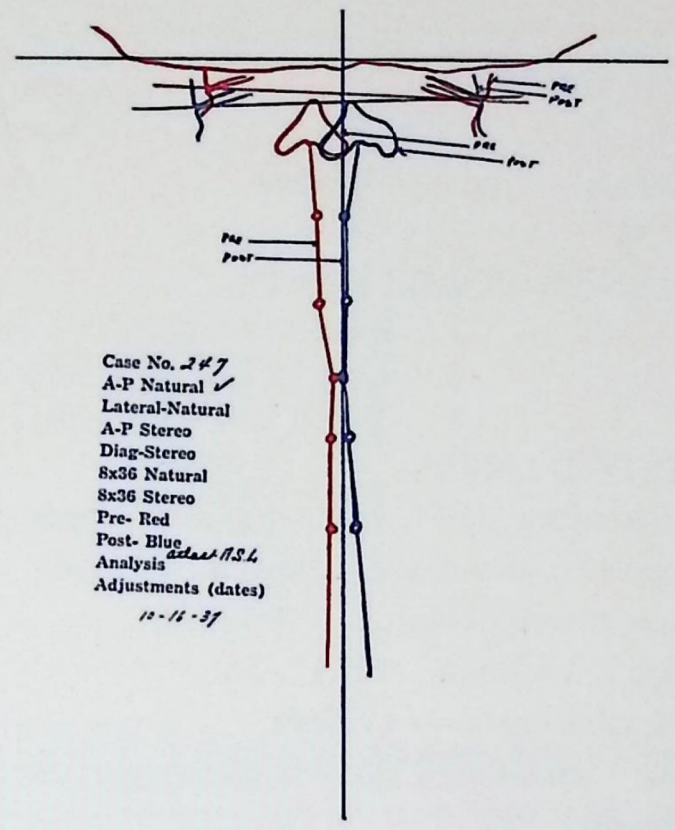
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-15-36 Case No. 247
and 10-22-36

Major: Atlas ASL.

Adjs. given: (Dates)
10-16-36



Case No. 247
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
10-16-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

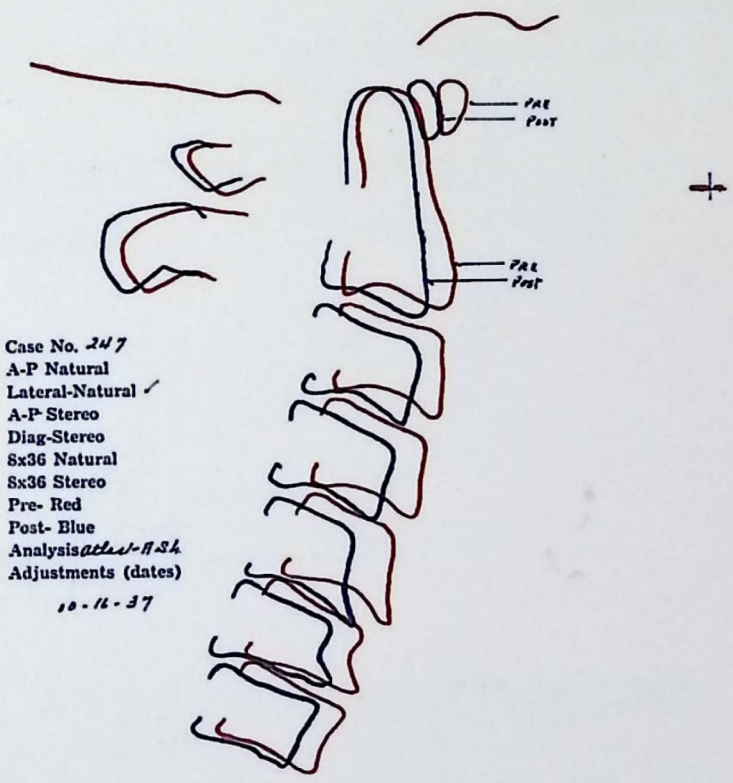
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-15-36 Case No. 247
and 10-22-36

Major: Atlas ASL

Adjs. given: (Dates)
10-16-36



Case No. 247
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
Adjustments (dates)
10-16-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

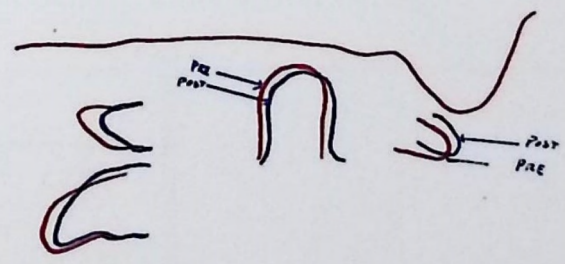
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 10-15-36 Case No. 247
and 10-22-36

Major: Atlas ASL

Adjs. given: (Dates)
10-16-36.



Case No. 247
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASL
Adjustments (dates)
10-16-37

CASE No. 252

Female Widow Age 48

10/24/36

ENTRANCE COMPLAINTS:

1. Productive cough — daily.
2. Lost 19 lbs. since July 1, 1936.
3. Weak and tires easily.

PRESENT ILLNESS:

Began June 1935, following gas. Feels peculiar in right apex of lung. Productive cough. Appetite, decreased. Bowels, 2-3 daily. Bladder, negative. Sleeps very good except for cough.

Date case entered Clinic: 10/24/36

Date case left Clinic: 11/12/36

Interval, time lapse — 19 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 10/29/36

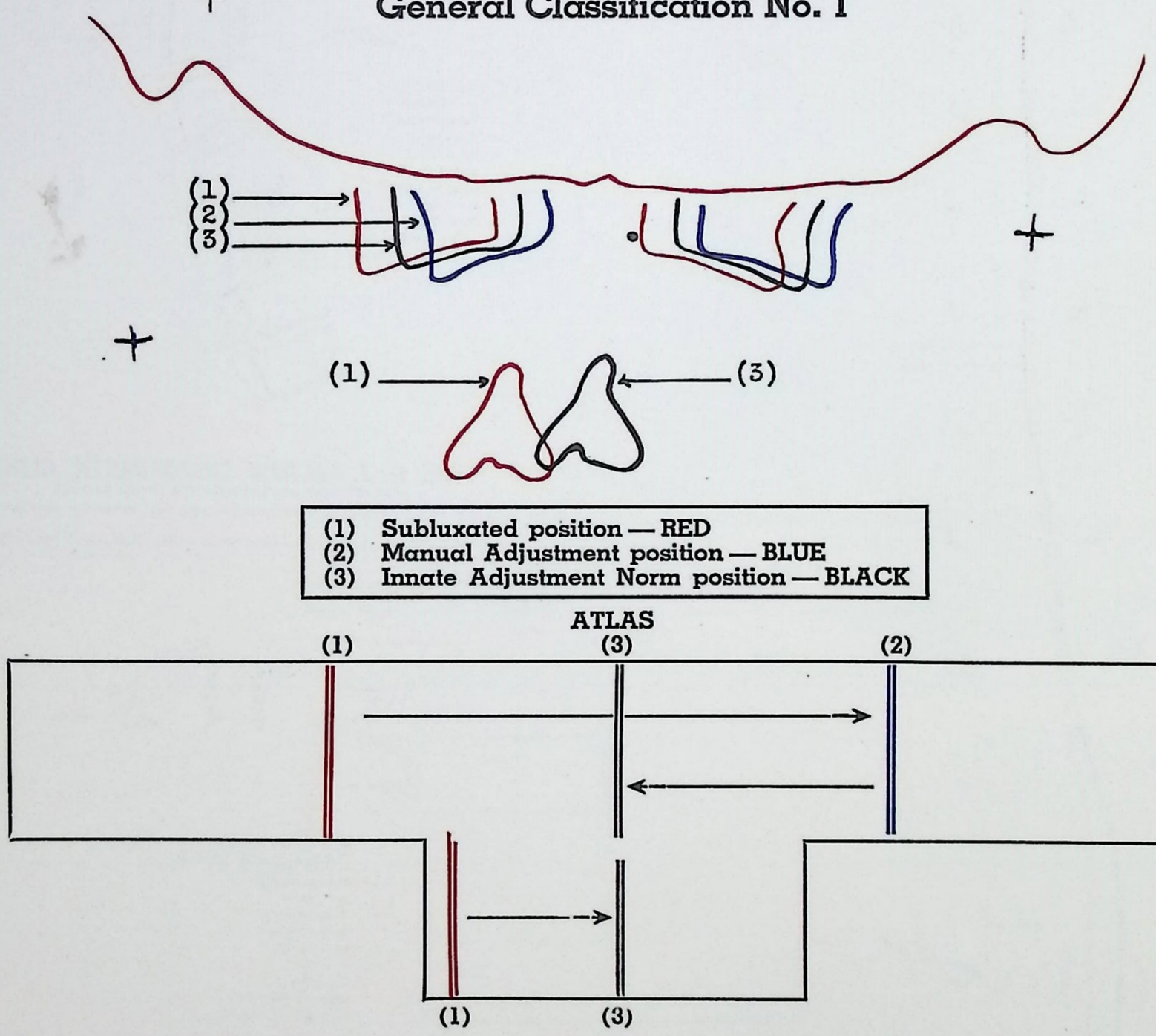
Left Atlas

Axis Classification No. 1 (See Cut No. 12)

1. Axis spinous rotated to left.
2. Shifting of position variable.
3. Innate "Norm" position center.

LEFT ATLAS SUBLUXATION AND AXIS RELATIONSHIP

+ General Classification No. 1



Cut No. 12

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

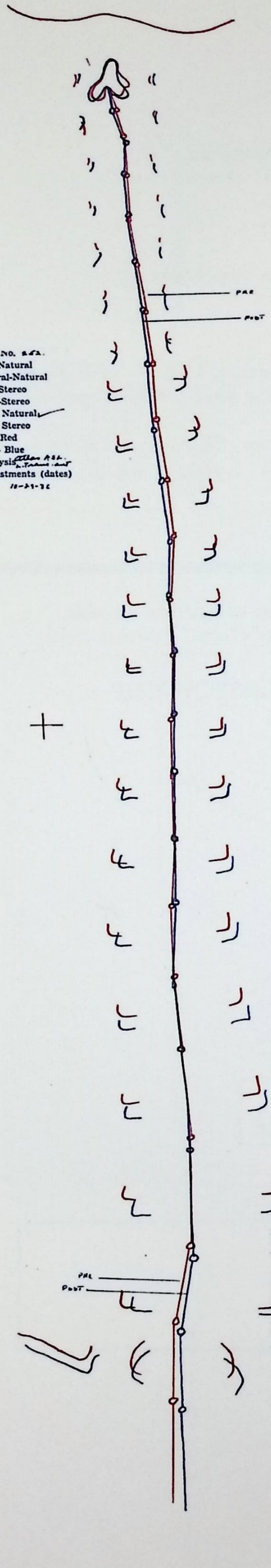
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 film. Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 10-24-36 Case No. 252
and 10-12-36

Major: Atlas ASL-L Trans. and

Adjs. given:
(Dates)
10-24-36



Case No. 252
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL-L Trans. and
Adjustments (dates)
10-24-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

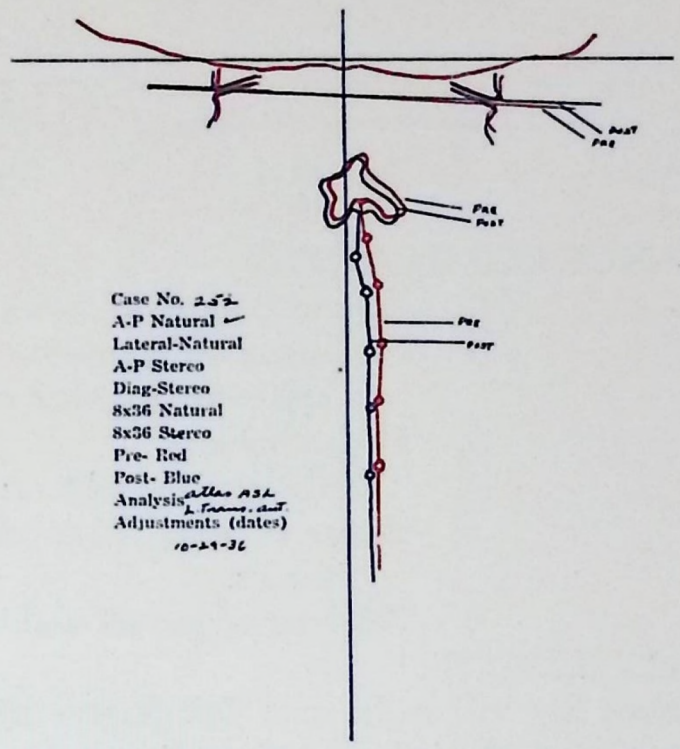
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-24-36 Case No. 252
and 11-12-36

Major: Atlas ASL-L-Trans. and

Adjs. given:
(Dates)
10-24-36



Case No. 252
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
L Trans. and
Adjustments (dates)
10-24-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

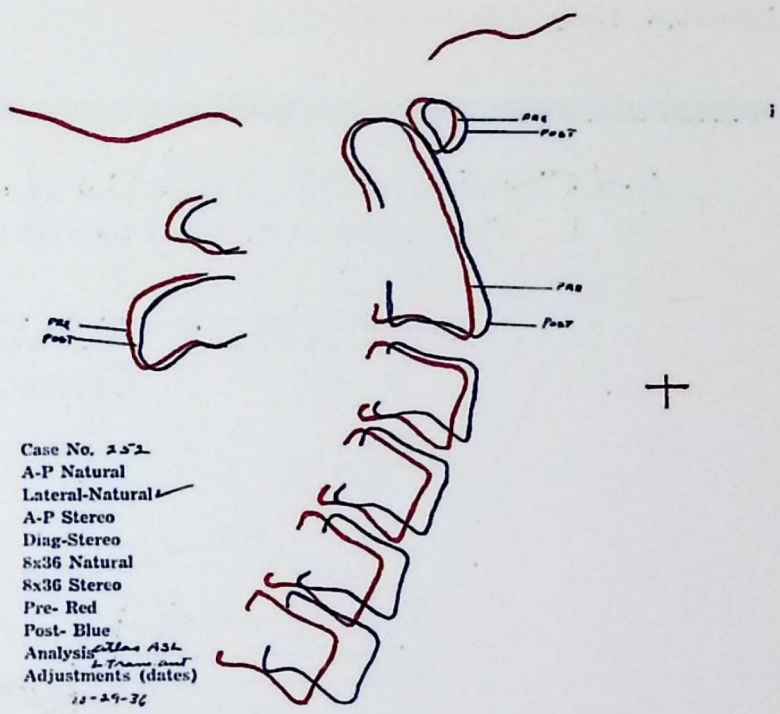
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-24-36 Case No. 252
and 11-12-36

Major: Atlas ASL-L-Trans. and

Adjs. given:
(Dates)
10-24-36



Case No. 252
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
L Trans. and
Adjustments (dates)
10-24-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

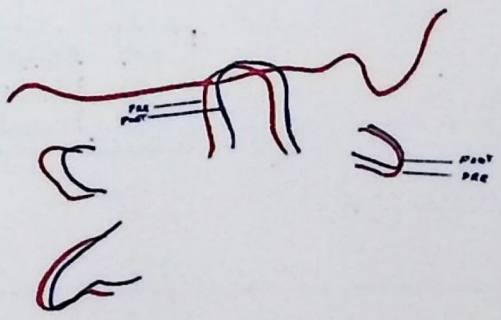
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

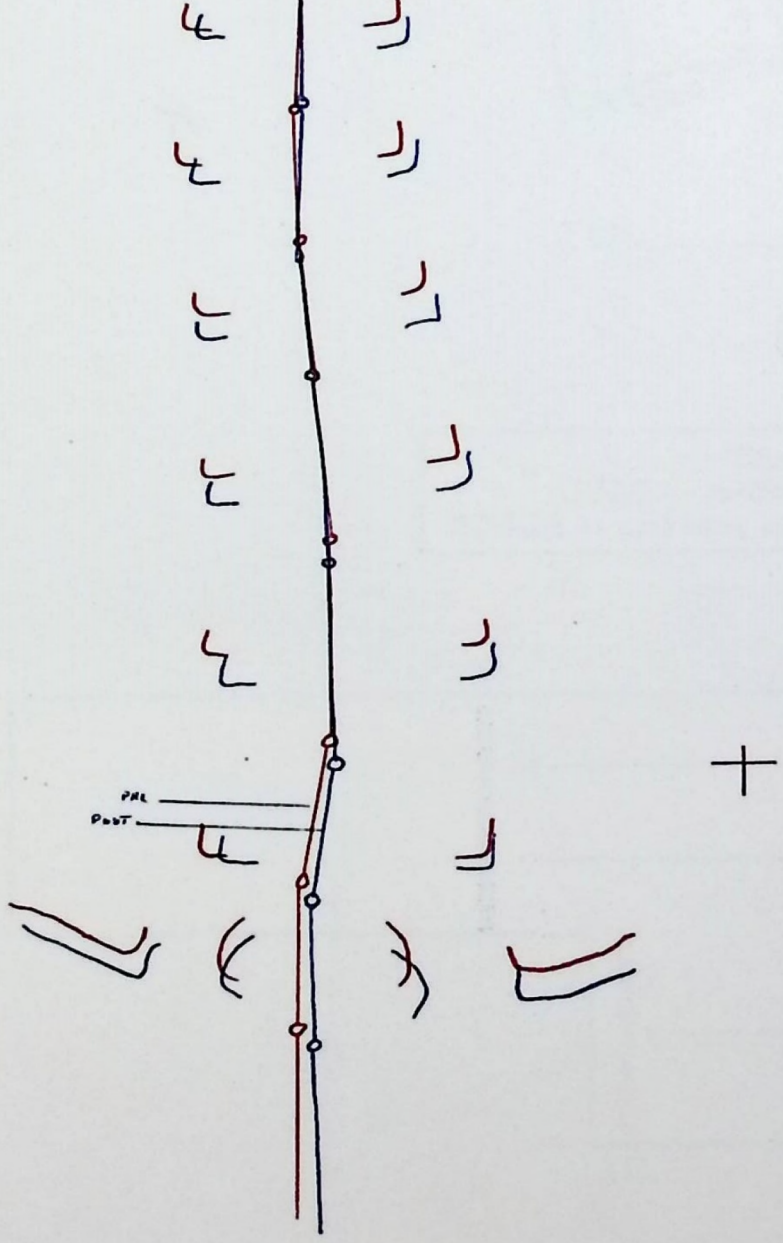
Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 10-24-36 Case No. 252
and 11-12-36

Major: Atlas ASL-L-Trans. and

Adjs. given:
(Dates)
10-24-36





Case No. 252
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
L Trans. and
Adjustments (dates)
10-24-36

CASE No. 258

Female Married Age 54

11/2/36

ENTRANCE COMPLAINTS:

1. Loss of control of knees and ankles. Not sure of step in walking.
2. Frequency of urination with scalding of outlet and loss of control of sphincter muscles of bladder.
3. Photophobia.
4. Totally deaf in right ear.
5. Acute occipital pain off and on in the morning. Lasts two weeks at times.
6. Belching of gas off and on.

PRESENT ILLNESS:

Patient has had stiffness of left fingers and wrist since operation in December, 1931 — (Fibroid uterus removed, with both ovaries.) Some pain connected with condition all the time. Worse pain in weather changes, especially cloudiness.

Appetite good. Bowels — one daily. Bladder — Frequency with scalding. Nocturia 1. Sleep — well.

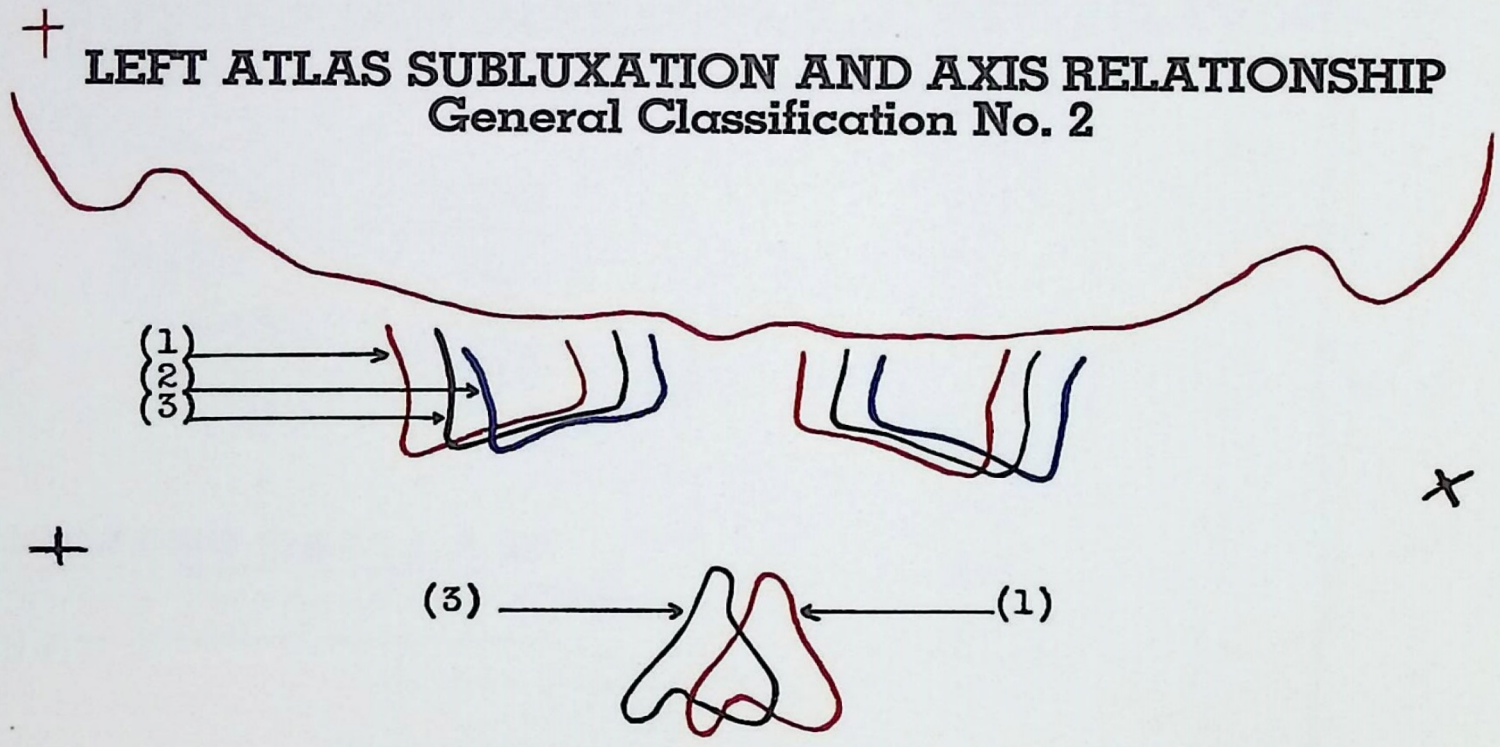
Date case entered Clinic: 11/2/36
Date case left Clinic: 11/24/36
Interval, time lapse — 22 days

Analysis: Atlas ASR — right transverse anterior
Adjustments: 1
Dates: 11/3/36

Axis Classification No. 2 (See Cut No. 13)

1. Axis spinous rotated to right.
2. Shifting of position variable.
3. Innate "Norm" position center.

LEFT ATLAS SUBLUXATION AND AXIS RELATIONSHIP
General Classification No. 2



(1) Subluxated position — RED
(2) Manual Adjustment position — BLUE
(3) Innate Adjustment Norm position — BLACK

Cut No. 13

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

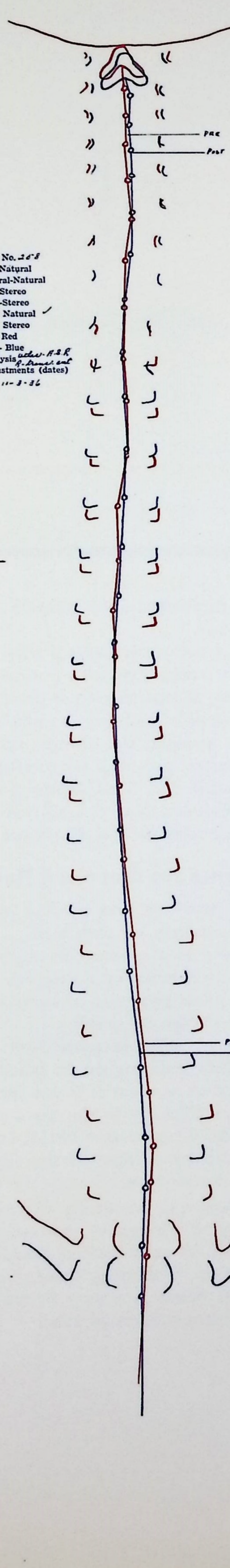
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 11-2-36 Case No. 25 F
and 11-24-36

Major: Atlas ASR-R-Trans. and

Adjs. given:
(Dates)
11-3-36.



Case No. 25 F
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.R. R. Trans. and
Adjustments (dates)
11-3-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

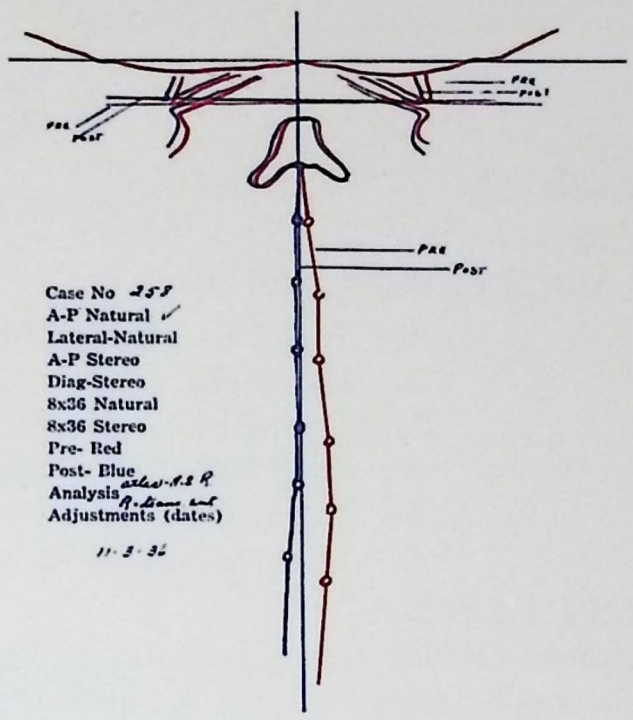
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 11-2-36 Case No. 25 F
and 11-24-36

Major: Atlas ASR-R-Trans. and

Adjs. given:
(Dates)
11-3-36.



Case No 25 F
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.R. R. Trans. and
Adjustments (dates)
11-3-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

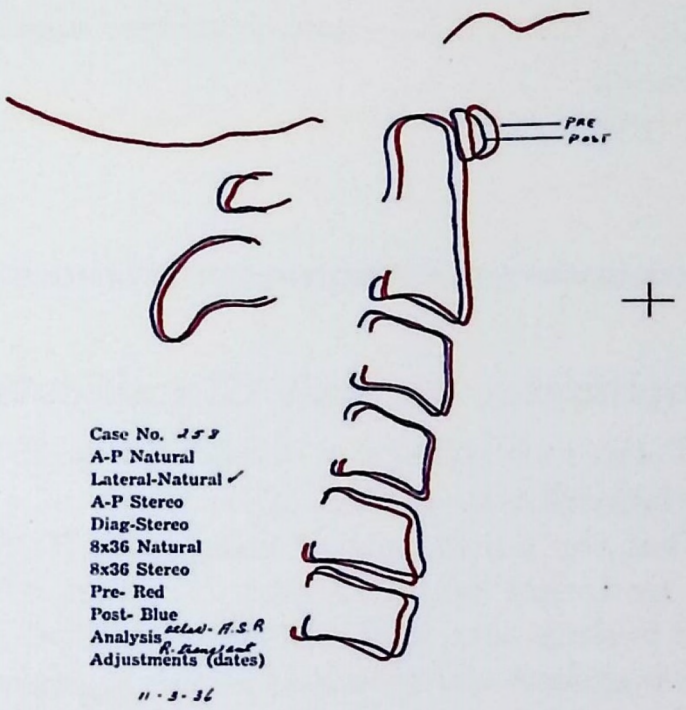
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 11-2-36 Case No. 25 F
and 11-24-36

Major: Atlas ASR-R-Trans. and

Adjs. given:
(Dates)
11-3-36.



Case No. 25 F
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.R. R. Trans. and
Adjustments (dates)
11-3-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

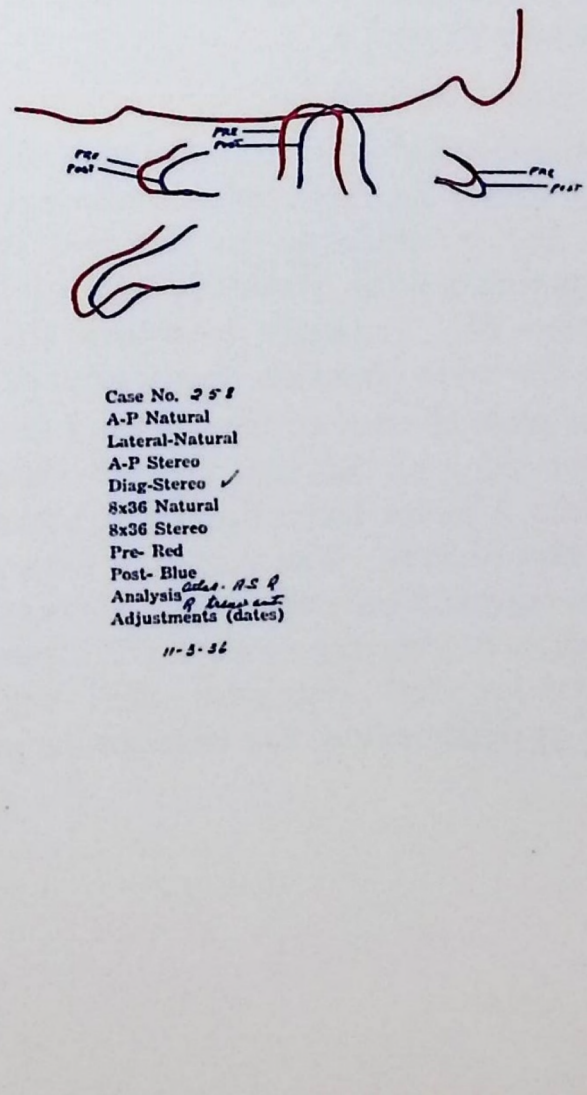
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 11-2-36 Case No. 25 F
and 11-24-36.

Major: Atlas ASR-R-Trans. and

Adjs. given:
(Dates)
11-3-36.



Case No. 25 F
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas. A.S.R. R. Trans. and
Adjustments (dates)
11-3-36

CASE No. 277

Female Married Age 28

12/22/36

ENTRANCE COMPLAINTS:

1. Stomach. Indigestion. Gas.
2. Headache.
3. Bachache — shoulder blades and lumbar.
4. Easy bronchial congestions (Colds).
5. Eczema of both ears (external) canals. All life.
6. Infected middle ears. All life.

PRESENT ILLNESS:

Stomach trouble began January, 1936, getting worse in winter.
Dry cough associated with stomach trouble.
Appetite, decreased. Bowels, (Cascara) one daily. Bladder, nocturia, one. Sleep — well.

Date case entered Clinic: 12/22/36
Date case left Clinic: 1/21/37
Interval, time lapse — 30 days
Analysis: Atlas ASL — left transverse anterior
Adjustments: 1
Dates: 12/22/36

Conclusions Re Axis Classifications

THAT the axis follows a definite form of position in relationship to or with atlas.

That the adjustment of atlas, with its final setment by Innate usually results in a decided change in the position and final setment of axis as shown in the two general classifications of this segment.

That from general observations, these two general classifications of axis are fairly evenly divided, i.e., 50% of axis positions are found in classification No. 1, and 50% in classification No. 2.

These two axis classifications are found in relationship with any of the three atlas classifications. (The atlas classification No. 1 was used to illustrate axis classifications, but the other two could have been used equally as well.)

N.B. Re Axis Conclusions:

I have noticed that an axis listed under Classification No. 2 (axis) i.e., spinous rotated opposite to atlas laterality, has a tendency to position itself to the "Norm" position more readily than one listed under Classification No. 1 (axis) in which the spinous is rotated in the same direction as atlas laterality.

This is probably due to the effect of the concussion of forces on atlas at the time of the Manual Adjustment and its indirect force upon the odontoid, or anterior portion of axis. The odontoid acts as a kind of leverage in conjunction with atlas. I always feel when a combination of this type exists, the chances for axis and general cervical alignment are very favorable. When the opposite exists, the chances for proper alignment are greatly dependent upon rotation of atlas and its proper correction.

As example (re last statement): if atlas is right and axis is right, with rotation of atlas posterior on right, the chances for axis alignment are not good. If, on the other hand, atlas is right and axis is right but atlas rotation is anterior on right, the chances for axis alignment are much better, provided anteriority of atlas is corrected as it should be. That is why I say that an axis under Classification No. 1 (axis) is greatly dependent upon atlas rotation and its proper correction.

Conclusions Re Cervical Region

GENERALLY speaking, the cervical region shows decided fluctuations of movement, or position, before settling down to a constant in alignment.

This observation is made by noting the graph lines which join the spinous processes of cervical vertebrae together on the A-P Natural graph.

There are no set rules in connection with these graph lines and their fluctuations, no particular forms they follow, except to say that it is not uncommon to find the lines often adhering to the three positions as outlined under Atlas Classification No. 1, i.e., from the position before adjustment, then to the opposite side, and finally to a point midway between the two.

In any case, there is in practically all patients under atlas adjustment some change in position of cervical vertebrae, especially in cases having rotations of the entire cervical region. Following these changes is the final settling point, which is a very favorable sign in expecting a real Innate setment of atlas.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

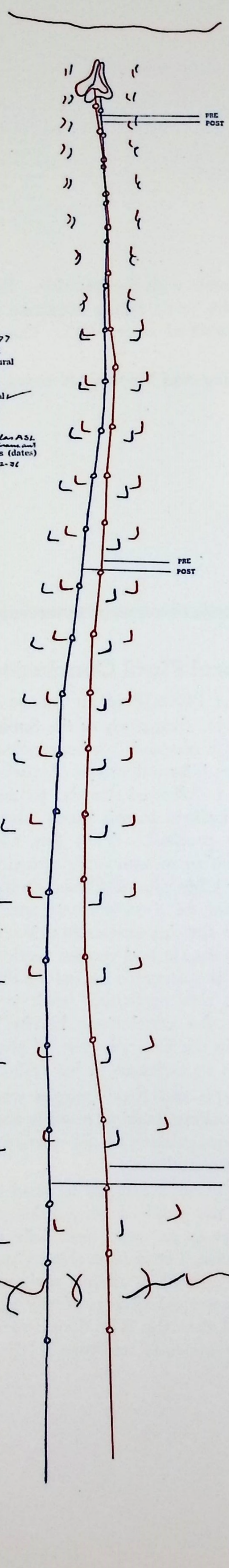
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 film. Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 12-22-36 Case No. 277
and 1-21-37

Major: Atlas ASL - L Trans. Ant

Adjs. given:
(Dates)
12-22-36



Case No. 277
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant
Adjustments (dates)
12-22-36

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

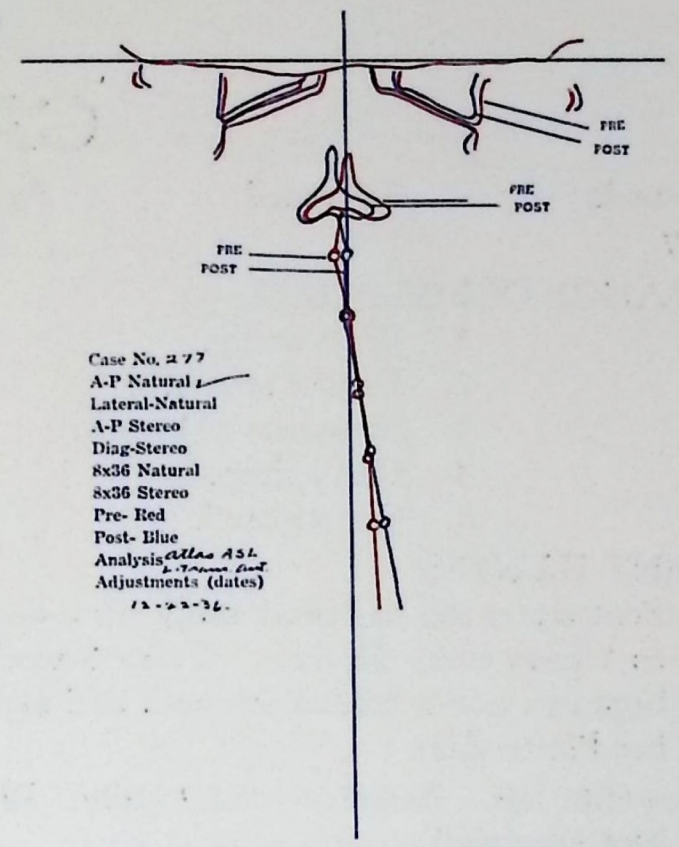
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 12-22-36 Case No. 277
and 1-21-37

Major: Atlas ASL - L Trans. Ant

Adjs. given:
(Dates)
12-22-36



Case No. 277
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant
Adjustments (dates)
12-22-36

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

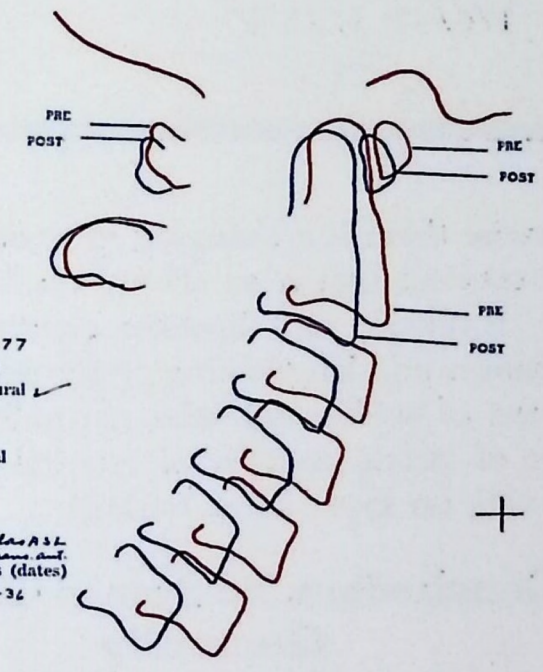
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 12-22-36 Case No. 277
and 1-21-37

Major: Atlas ASL - L Trans. Ant

Adjs. given:
(Dates)
12-22-36.



Case No. 277
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant
Adjustments (dates)
12-22-36

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

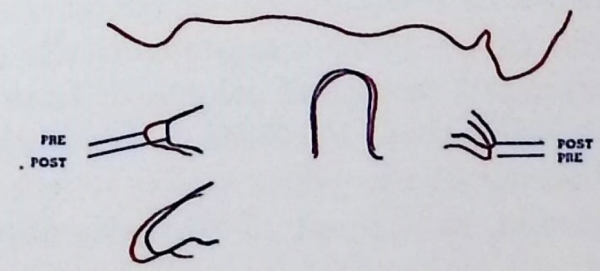
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 12-22-36 Case No 277
and 1-21-37

Major: Atlas ASL - L Trans. Ant

Adjs. given:
(Dates)
12-22-36.



Case No. 277
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L-Trans. Ant
Adjustments (dates)
12-22-36.

CASE No. 283

Female Divorced Age 39

1/5/37

ENTRANCE COMPLAINTS:

1. Tires easily.
2. Loss of strength.
3. Shortness of breath.
4. Can't sleep.
5. Constipated.

PRESENT ILLNESS:

Patient states she has tired easily since onset of menstruation; and trouble with the left side. Periods — 4 to 5 days every 28 days. Every 3 weeks for period of nine months while taking medicine. In 1928, began to notice loss of strength and began to tire easily. Sleep disturbed since 1933. Constipated all her life to date.

Appetite fair. Bowels — 0-1-2 daily. Bladder —Nocturia 1; smarting and burning at times. Sleep — Not very well.

Date case entered Clinic: 1/5/37

Date case left Clinic: 3/16/37

Interval, time lapse — 70 days

Analysis: Atlas ASL

Adjustments: 2

Dates: 1/6/37; 1/22/37

Likewise there is a changing in position of the contour of cervical region as shown on Lateral Natural graphs. Kyphotic and lordotic conditions show decided changes and lengthening of cervical region. The adjustment of subluxated atlas naturally brings about a change of lateral contour of cervical region even in cases having no kyphosis or lordosis.

Conclusions Re Spinal Column Generally

CONTINUOUS Comparative (bi-weekly) graph work has not been done in connection with full spine, due mainly to the danger of accumulating too many M.A. Seconds total in taking 8 x 36 pictures every two weeks.

A study of the Pre and Post 8 x 36 graphs does show, however, a clear cut change in spinal A-P contour; it shows a straightening of curvatures after atlas adjustment (given time) and in practically all instances a lengthening of the spinal column of from one-half to one-and a half inches. In addition, this work has shown a straightening of the pelvic region — the elimination of pelvic tilts, as a result of the atlas adjustment exclusively.

It is quite apparent, from studying the 8 x 36 graphs, that the atlas is the real specific in bringing about proper alignment of the entire spinal column. The atlas is the specific and it will bring about specific results WHEN PROPERLY ADJUSTED to enable Innate to make the best possible final SETMENT.

General Final Conclusion

THE old cry of PROOF of an Innate Adjustment has been revealed thru study of the Subluxation-Adjustment X-ray Graphs and can be concluded by anyone who desires to follow this type of work in his practice, provided it is followed strictly, to the letter and scientifically as outlined in this thesis. It is necessary to be "painfully precise". Very few Chiropractors have time to do this in every-day practice, while in The B. J. Palmer Chiropractic Clinic, each department head is specializing in a certain and specific type of work, having his appointments scheduled to give sufficient time for accurate and precise work in his field.

Therefore, it is reasonable to assume that one who is specializing in this particular work is the logical person to make the conclusions herein laid down, rather than one in the field who has all phases of Chiropractic practice to maintain in his daily routine.

The Spinograph and X-ray graphs work hand-in-hand, each interlocking, making possible accurate comparative conclusions relative to the change of position of atlas and other vertebrae.

It has been my good fortune to head this department, to develop the graphs from an idea presented to me by Dr. Palmer to an exact and daily part of our routine. In addition, I have been able to improve upon exposure technic as well as adding various equipment to bring about better calculation of the Posture Constant. I also feel that the B.P. Stereo view is a step forward in more accurate analysis of the atlas sub-

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

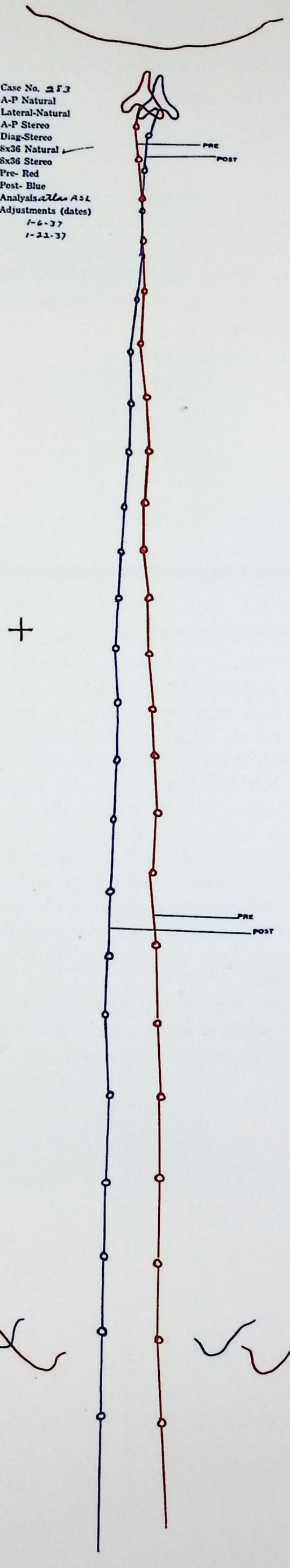
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 1-5-37 Case No. 253
and 1-22-37

Major: ATLAS ASL

Adjs. given (Dates)
1-6-37
1-22-37



Case No. 253
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
1-6-37
1-22-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

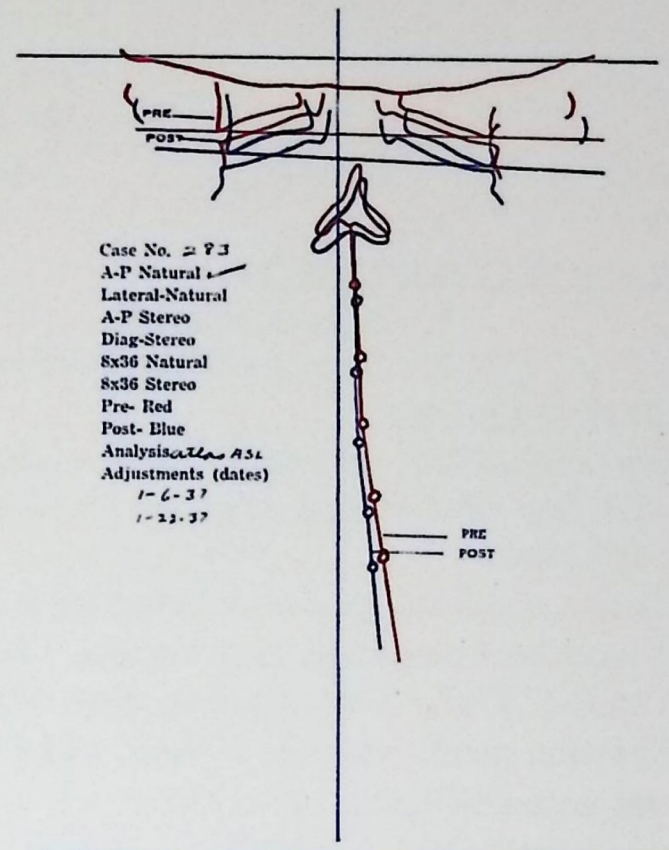
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 1-5-37 Case No. 253
and 3-16-37

Major: ATLAS ASL

Adjs. given:
(Dates)
1-6-37
1-22-37



Case No. 253
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
1-6-37
1-22-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

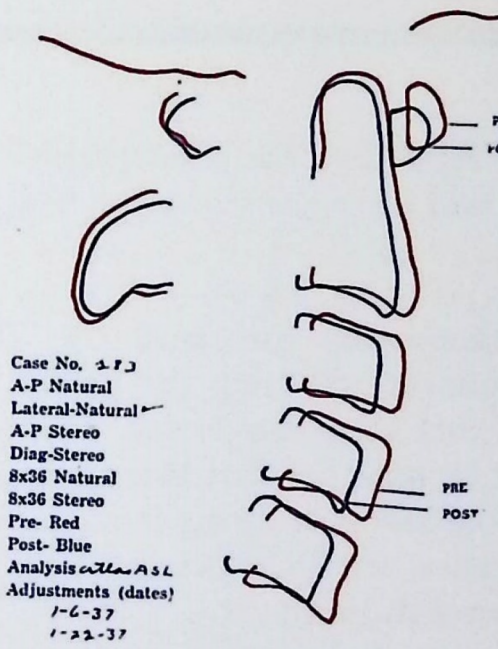
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 1-5-37 Case No. 253
and 3-16-37

Major: ATLAS ASL

Adjs. given:
(Dates)
1-6-37
1-22-37



Case No. 253
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
1-6-37
1-22-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 1-5-37 Case No. 253
and 3-16-37

Major: ATLAS ASL

Adjs. given:
(Dates)
1-6-37
1-22-37

Case No. 253
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
Adjustments (dates)
1-6-37
1-22-37

CASE No. 288

Male Married Age 54

1/21/37

ENTRANCE COMPLAINTS:

1. Loss of strength.
2. Tires easily on exertion.

PRESENT ILLNESS:

September, 1935, noticed definitely under par. December, 1935, lost strength in left arm and soon after in left leg. Fell several times before realizing the amount of strength gone. Nervous twitching, general, followed.

Violent and local spasms or twitching followed. Stopped smoking. Heavy cigar makes him dizzy. Dieted.

A local MD diagnosed 2nd Anemia. Toxic heart in addition to nervous exhaustion. He attributed disease to the "Flu". Gave vaccine, liver extract. Heart and blood improved.

Appetite, good. Bowels, 2 daily. Bladder, negative. Sleep, not so well at present.

Date case entered Clinic: 1/21/37

Date case left Clinic: 2/18/37

Interval, time lapse — 28 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 1/22/37

---

luxation. Also that the photographic idea of graph procedure will be of decided advantage when properly developed.

I am thoroughly convinced that there IS an Innate Adjustment following the precise adjustment by hand; also that there are Innate Adjustments without adjustment by hand but that these are merely accidental so far as concussion of forces is concerned. However, in this instance, we are concerned only with the result of the Manual Adjustment.

The X-ray graphs have brot forth a new light on these changes following Manual Adjustment and as I have brot out in this thesis, there are precise patterns of position which the subluxated vertebra follows to its final setment. Seeing these changes, understanding them, knowing that certain movement will occur following the Manual Adjustment, places our ADJUSTMENT CONCLUSIONS on a much sounder basis than merely assuming certain things happen, not knowing anything in particular, or why.

When I look back over our work, granting it has been developed to a high state of efficiency and scientific precision, especially in the past few years, I still cannot help but feel how very little we know about Innate Intelligence and the things she tries to do to bring the body back to normal.

While I feel humble in this respect, I DO know that it is only by writing, researching, and reaching our conclusions, and placing them in such forms as this, we will, thru the years, gradually accumulate information and facts which will give us knowledge of the great Unknown.

Stefanasson, famous explorer and scientist, once said: "A scientist never tries to prove anything.
He attempts only to find facts."

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Path
Blue, 2nd Visit

Comparative graph between 8x36 film spinographs taken 1-21-37 Case No. 288
and 2-18-37.

Major: Atlas ASL-L Trans and

Adjs. given
(Dates)
1-21-37

Case No. 288
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. and
Adjustments (dates)
1-22-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

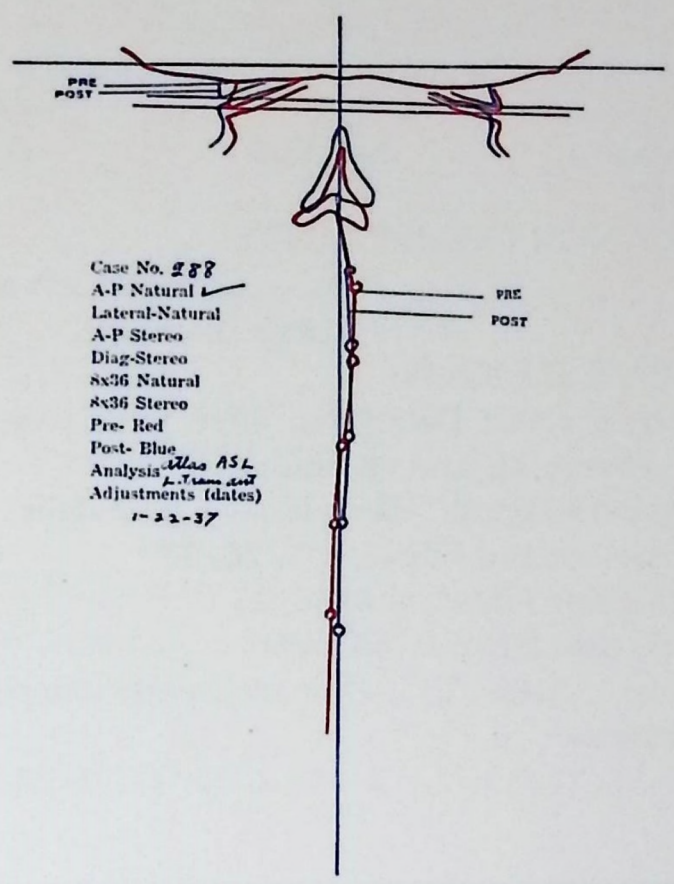
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 1-21-37 Case No. 288
and 2-18-37

Major: Atlas ASL-L Trans and

Adjs. given
(Dates)
1-21-37



Case No. 288
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans and
Adjustments (dates)
1-22-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

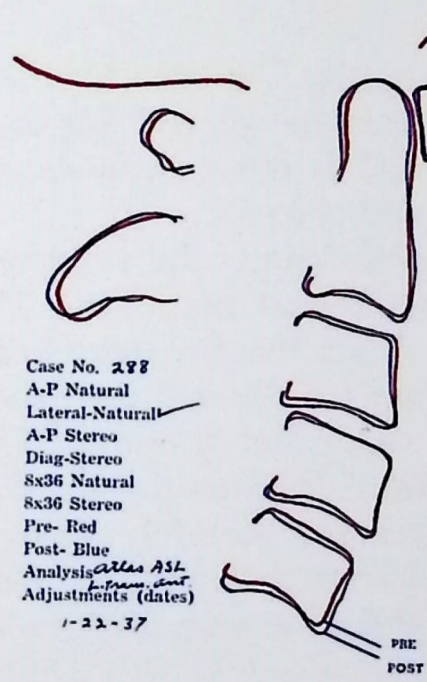
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 1-21-37 Case No. 288
and 2-18-37

Major: Atlas ASL-L Trans and

Adjs. given:
(Dates)
1-22-37



Case No. 288
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans and
Adjustments (dates)
1-22-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag Stereo-R film taken 1-21-37 Case No. 288
and 2-18-37

Major: Atlas ASL-L Trans and

Adjs. given:
(Dates)
1-22-37

Case No. 288
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans and
Adjustments (dates)
1-22-37

CASE No. 291

Male Married Age 28
1/26/37
ENTRANCE COMPLAINTS:

1. Pain — neck and left arm.
2. Prostate discharge.

PRESENT ILLNESS:

Began about December, 1936 with pain in hand. Continuously since. Prostate began July, 1935 (discharge off and on since).

Appetite good. Bowels — 1 or 2 daily. Bladder — Negative. Sleep — Disturbed by pain.
Date case entered Clinic: 1/26/37
Date case left Clinic: 3/30/37
Interval, time lapse — 63 days
Analysis: Atlas AS — left transverse anterior
Adjustments: 4
Dates: 1/27/37; 2/12/37; 2/22/37; 2/24/37

Will Chiropractic Become Lost in Complicated Methods of Scientific Application?

By V. G. Coxon, D.C., Ph.C.

FOR many years we, as Chiropractors, have pointed out that the reason for general failure of medical practice has been and is due to complication, multiplicity of methods and theories.

This is true in Medicine. Its practice IS a conglomeration of theories and practices. There IS an ever-changing line of pet theories, practices, and fads. There are new serums for this and that; there are new antitoxins for one thing and another. They change monthly. Some are claimed to do wonders and are later found to be actually harmful. But none seems to remain in medical practice any length of time. They change as often as styles, because they are fads — not scientific facts.

Medically, a case cannot be treated until it is diagnosed; and the percentage of incorrect diagnoses is very high, in average medical practice. Hence the percentage of incorrect treatment is also high. It becomes a guessing process. But even if diagnosis IS correct, the physician must then choose any one, or several of hundreds of different drugs, serums or treatments for a given disease. There is nothing specific and clear-cut about the practice of medicine. The reason is simple: MEDICINE DOES NOT HAVE A SPECIFIC PRINCIPLE OR SET OF PRINCIPLES UPON WHICH TO WORK AND GOVERN ITS PRACTICE. Unless we have some principle, some foundation upon which to base work, or theories or practices, we become lost in a maze of complications, running headlong in no particular direction.

That same idea applies to a profession, business, or organization of any kind, and also to individuals. We can never expect to reach the top unless we have a principle, or a definite plan upon which to work. We must have aims and ideals; we must know where we stand as individuals, and decide upon the limits we will go in certain directions — decide what we will and will not stand for. We must know how far we will deviate from the straight and narrow road in attaining objectives. Some people stray a lot, and go in and out of all kinds of by-ways in reaching the goal; others seldom, if ever, leave the main road or lose sight of the goal ahead. That is the difference between individuals. It is the difference between working on principles, and working on pet ideas, fads and fancies. One will get you there, and the other will not. One will get sick people well, and the other will not. PRINCIPLES make that difference!

Chiropractors from over the world visit The B. J. Palmer Chiropractic Clinic. They marvel at scientific equipment, elaborate furnishings, color schemes, and extensive space it covers. They feel this is the ideal in any profession or science; and it IS the finest in Chiropractic or any other profession. There is nothing to equal it. We have at our command the finest and most accurate instruments it is possible to buy, for making Chiropractic records of physical and mental conditions of patients. No expense has been spared in purchasing, or having specially made, scientific instruments; or in building special laboratories and grounded-shielded booths in which to house them.

For instance, the Neurocalograph which is an advancement with the Neurocalometer, making possible automatic recording of Neurocalometer readings on graphs, is installed in a grounded-shielded booth made of copper screening, iron, etc., in which all outside energy is eliminated — all radio waves, Hertzian, electric, and magnetic waves completely blocked out of

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

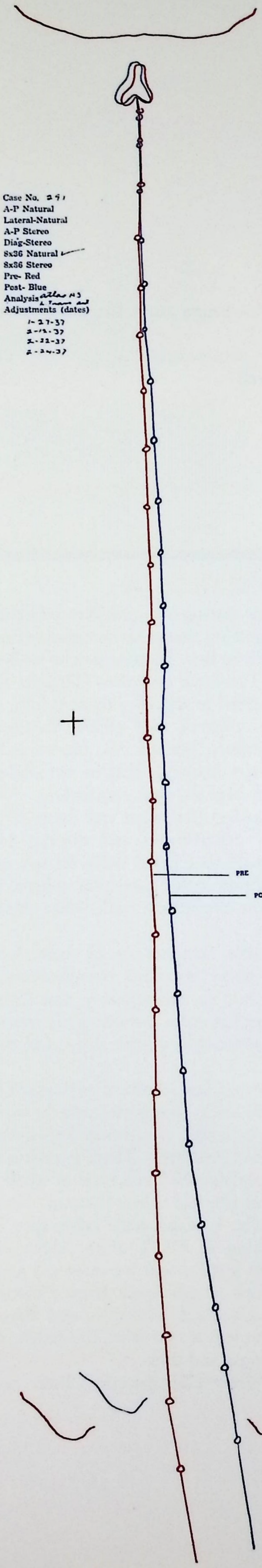
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 1-26-37 Case No. 291
and 2-24-37

Major: Atlas AS - L Transv and (only from L)

Adjs. given (Dates)
1-27-37
2-13-37
2-22-37
2-24-37



Case No. 291
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AS L Transv and
Adjustments (dates)
1-27-37
2-13-37
2-22-37
2-24-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

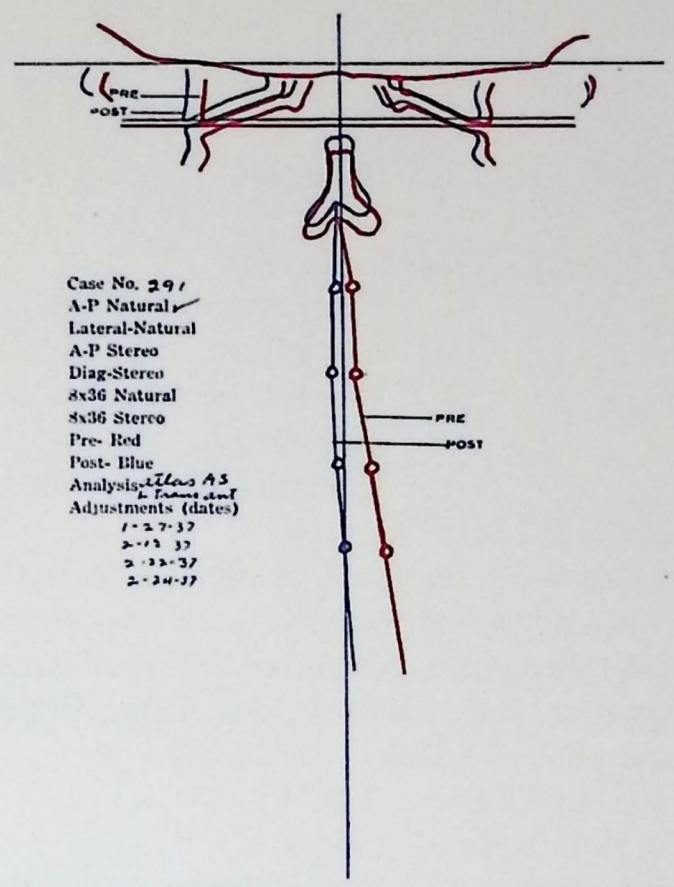
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 1-26-37 Case No 291
and 2-24-37

Major: Atlas AS - L Transv and (only from L)

Adjs. given (Dates)
1-27-37
2-13-37
2-22-37
2-24-37



Case No. 291
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AS L Transv and
Adjustments (dates)
1-27-37
2-13-37
2-22-37
2-24-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

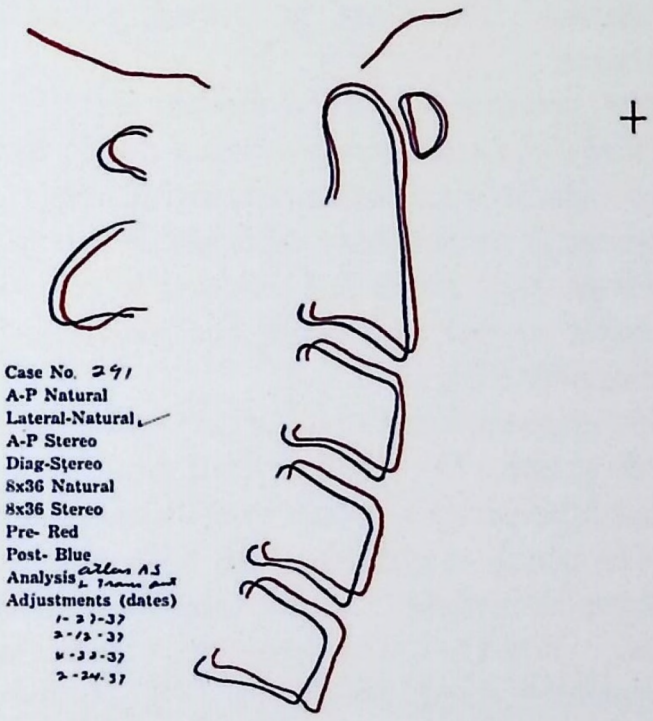
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 1-26-37 Case No. 291
and 2-24-37

Major: Atlas AS - L Transv and (only from L)

Adjs. given.
(Dates)
1-27-37
2-13-37
2-22-37
2-24-37



Case No. 291
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AS L Transv and
Adjustments (dates)
1-27-37
2-13-37
2-22-37
2-24-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

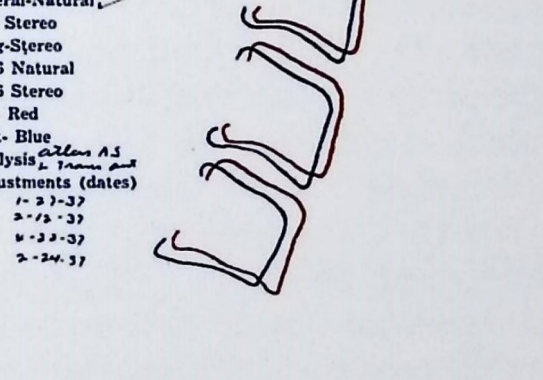
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

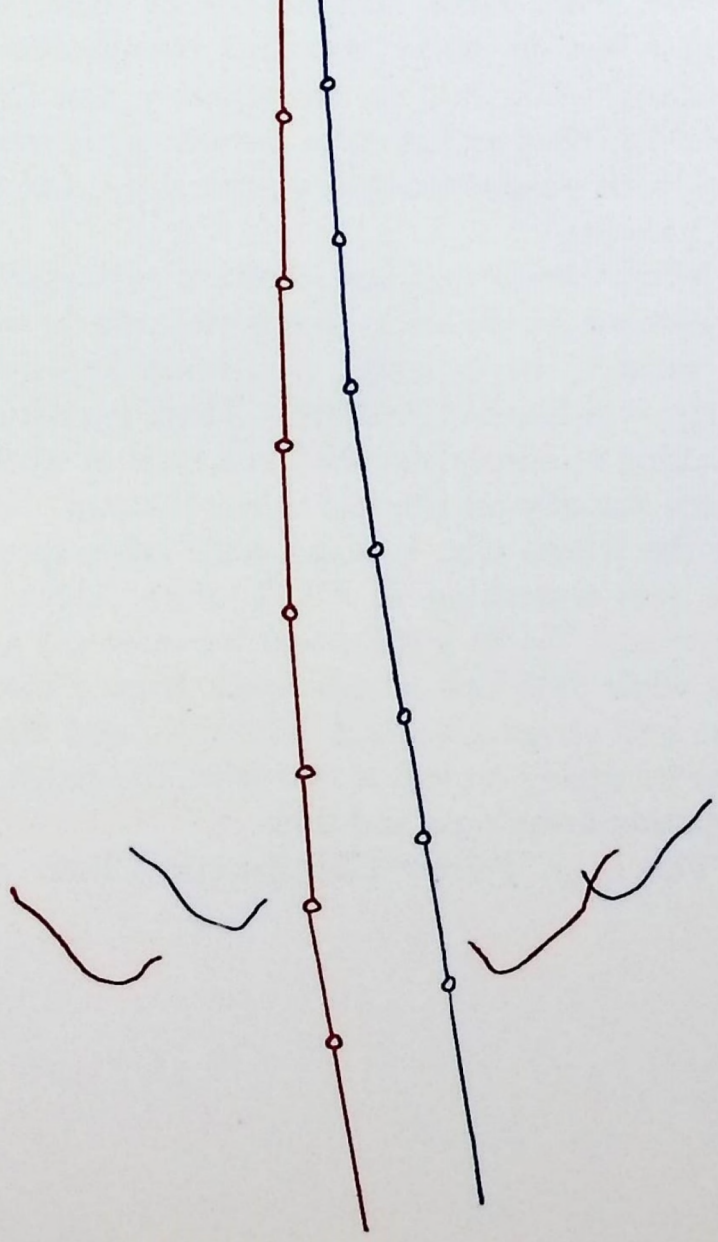
Comparative graph between Diag. Stereo-R film taken.. 1-26-37 Case No. 291
and, 2-24-37

Major: Atlas AS L Transv and (only from L)

Adjs. given:
(Dates)
1-27-37
2-13-37
2-22-37
2-24-37



Case No. 291
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas AS L Transv and
Adjustments (dates)



CASE No. 293

Female Married Age 30
1/28/37
ENTRANCE COMPLAINTS:

1. Hemorrhoids — bleeding and protruding.
2. Constipation.
3. Headaches over eyes at times.
4. Dry cough.
5. Feels tired out all the time.

PRESENT ILLNESS:

Hemorrhoids began 1932 off and on with some constipation. Headaches began about the same time off and on and worse recently, past two years.

Past three years, cough has followed either upper or lower respiratory disturbance.

Appetite, fair. Bowels, one daily. Bladder, negative. Sleep, very well.

Date case entered Clinic: 1/28/37
Date case left Clinic: 2/5/37
Interval, time lapse — 8 days
Analysis: Atlas ASL — left transverse anterior
Adjustments: 1
Dates: 1/29/37

---

the booth. This makes the Neurocalograph accurate and precise. There are no outside variables entering the picture.

This grounded-shielded booth idea is even more elaborately and extensively carried out in the laboratory of the electroencephaloneuromentimpograph. This instrument is so sensitive and highly complicated that it requires two grounded-shielded booths — one for instrument proper and other for patient — connected by grounded cables.

Not content with ordinary installation of the electrocardiograph, Dr. Palmer had builded a grounded-shielded laboratory for this instrument, keeping out all variables which might interfere with absolute accuracy in making recordings. Same applies to Electro-Cardi-O-Phon, Aw-De-O-Cardiograph, recording sphygmomanometer, heartometer, etc. They are used under more ideal conditions than the inventors intended. Every effort has been made to make these automatic precision recordings scientific in fact, accurate beyond any possible doubt. From microscopes to X-ray apparatus, from chemical laboratories to new work on brain energy, from medical instruments to Chiropractic instruments, The B. J. Palmer Chiropractic Clinic can boast of finest obtainable. We on the Staff are proud to be a part of this organization because it ranks top-notch in any science and in the scientific work conducted within its walls.

Some of our Chiropractic colleagues, however, see all that we have here, and go away wondering whether or not Dr. Palmer has gone into the scientific side of this work to the extent that Chiropractic will become lost sight of, in the process of compiling scientific facts required of each case. They wonder if he is not leading in same direction as medical profession which we have often criticized for getting into complicated fields. They wonder if he is getting things so complicated in Chiropractic that it will be lost. Someone who walks in here for first time, and makes a tour thru Clinic in an hour's time, may be justified in thinking these things. But no one has a more clear-cut idea of the direction he is going than Dr. Palmer, himself. So intense is his mind on a single, specific objective, that he naturally imbues the rest of us with that thought and feeling. We know where we are heading and what our purpose is, as individuals in our departments and distinct phases of work. Each department head, while he has many scientific facts to obtain in his particular sphere, is nevertheless in constant association with other departments and their doctors.

We could easily imagine one of these doctors becoming lost in many so-called complications of his branch of work; but, on the contrary, this Clinic is organized so that he naturally associates his ideas and his work with general set-up for general good of the Clinic and patients.

Many suggestions and ideas are exchanged between department heads who, seeing the other's work from the outside, as it were, sees some improvement or change which could be made. There is such a thing as becoming so deeply absorbed in a type of work that we cannot actually see the real things about it. Sometimes it is the fellow who is doing some other type of work who sees something in OUR work which could be improved. To do good work, we must get away once in a while and look at our work from a distance; we must get perspective and vision — and that cannot come by sitting on top of our work too much; it comes by getting away now and then.

The B. J. Palmer Chiropractic Clinic, or Chiro-

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

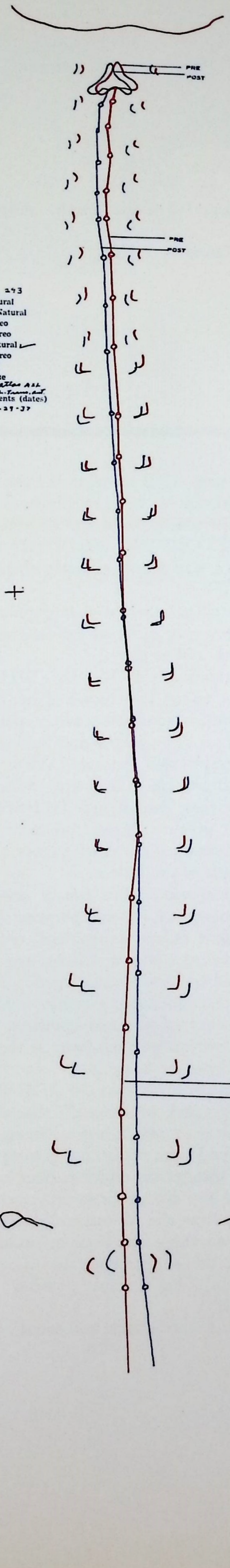
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36. Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 1-25-37 Case No. 293
and 2-5-37

Major: Atlas ASL-L. Trans. ant

Adjs. given: (Dates)
1-29-37



Case No. 293
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. ant
Adjustments (dates)
1-29-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

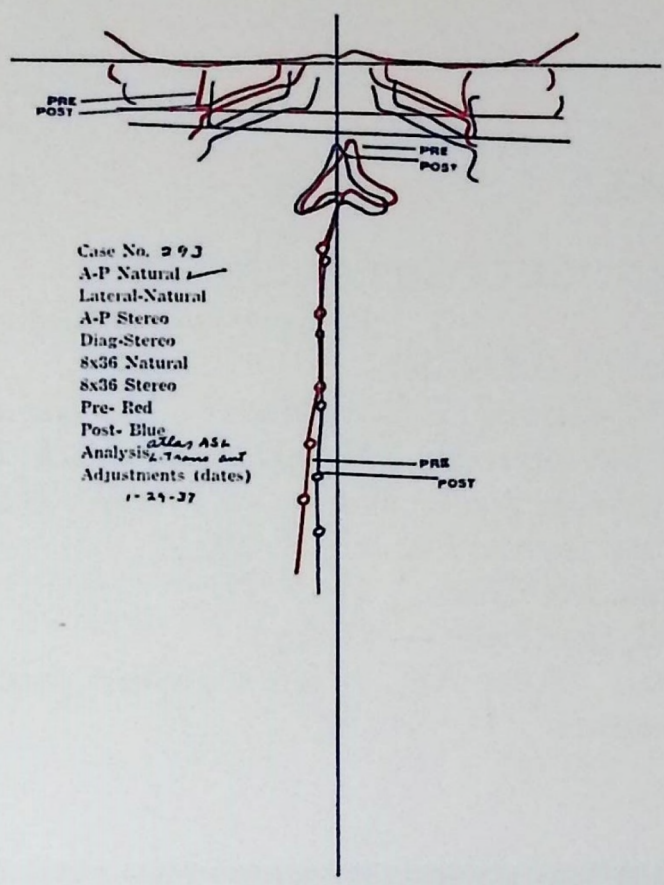
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 1-25-37 Case No. 293
and 2-5-37

Major: Atlas ASL-L. Trans. ant.

Adjs. given: (Dates)
1-29-37



Case No. 293
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. ant
Adjustments (dates)
1-29-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

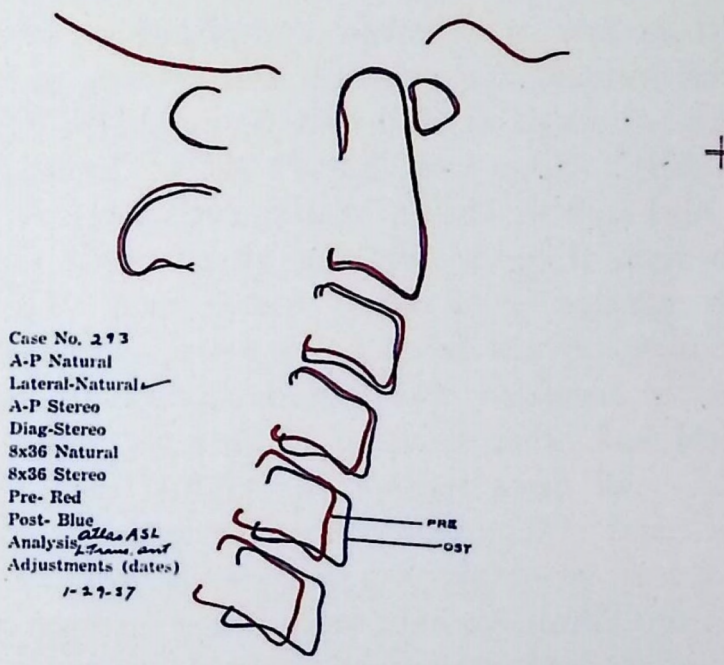
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken. 1-25-37 Case No. 293
and 2-5-37

Major: Atlas ASL-L. Trans. ant

Adjs. given: (Dates)
1-29-37.



Case No. 293
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. ant
Adjustments (dates)
1-29-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

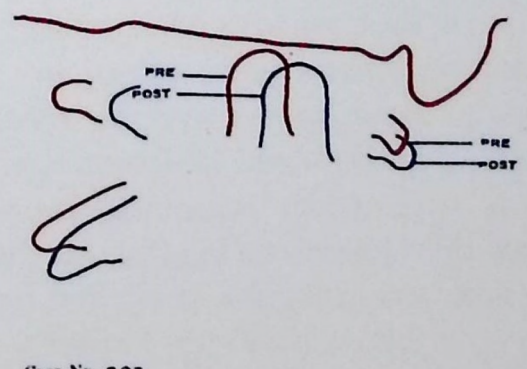
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 1-25-37 Case No. 293
and 2-1-37

Major: Atlas ASL-L. Trans. ant

Adjs. given: (Dates)
1-29-37



Case No. 293
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L. Trans. ant
Adjustments (dates)
1-29-37

CASE No. 297

Male Single Age 20
1/29/37
ENTRANCE COMPLAINTS:

1. Epilepsy — traumatic.

PRESENT ILLNESS:

No warning of convulsions — last about two minutes. No spells for a period of one month. Adjusted and has improved. No nocturnal attacks to patient's knowledge.

Appetite good. Bowels — 1 daily. Bladder — Negative. Sleep — Good.

Date case entered Clinic: 1/29/37
Date case left Clinic: 2/15/37
Interval, time lapse — 17 days
Analysis: Atlas ASL — left transverse posterior
Adjustments: 1
Dates: 2/1/37

---

practic, itself — so far as The Palmer School of Chiropractic is concerned — will NEVER become lost in complications. And I will tell you why: CHIROPRACTIC IS BASED ON A SPECIFIC SET OF PRINCIPLES GOVERNING ITS PRACTICE.

Regardless of scientific complications, the Clinic has one fundamental principle and practice upon which results are obtained, and that is the ADJUSTMENT SPECIFIC. One case doesn't get a "treatment" for this; and another case a "treatment" for that. There is no such thing as treating affects with electricity, baths, massage, or anything of that kind. There is no prescribing certain drugs for one condition and certain drugs for another. No complications of treatment in medical and other fields of healing are found in this Clinic. All cases receive an ADJUSTMENT SPECIFIC and obtain results thru proper application of that specific principle and practice, exclusively.

In this Clinic we have made it our business to locate that specific subluxation and bring about its proper correction. We have obtained and builded special equipment to meet needs of special problem cases. We make it our job to SOLVE problem cases, usually sent by Chiropractors in the field who, wanting to protect the good name of Chiropractic and at the same time being limited in equipment, or perhaps ability, to solve problem cases, know that we specialize in such cases. Having Chiropractic foremost in mind, we go about the job of solving those cases; and in solving them, we automatically give the home Chiropractor a boost. Our procedure is such that we never cause detrimental effects, ideas, or suggestions to come to the home Chiropractor by any action on our part; but on the contrary we actually give him a build-up, honestly and constructively. When the case returns to him, the patient has more confidence in him than originally.

True Chiropractic will never become lost in The B. J. Palmer Chiropractic Clinic. Principles do not change. It stands high — a thing of balance and permanency to which we can always look to solve our problems — and they ARE solved under the most ideal conditions it is possible to have in Chiropractic. The many scientific instruments used and continually being developed are REVOLVING AROUND this single method of practice, this single principle, the ADJUSTMENT SPECIFIC.

It might be well to mention that physical facts of cases do not in any way influence adjustment given or the time when it should be given.

Actual information of HOW, WHEN, and WHEN NOT to adjust is determined by Neurocalograph-Neurocalometer-Neurotempometer readings and their interpretations; Spinographs and Subluxation-Adjustment X-ray graphs and reports. When these factors indicate an adjustment, it is given. When they do not, regardless of how patient may be FEELING, an adjustment is not given. Proper judgment, technical ability, and interpretation are chief factors in bringing cases back to health in this Clinic.

Physical facts obtained thru use of scientific and automatic instruments are for sole purpose of showing condition of patient before adjustment, condition or changes during patient's stay in Clinic, and final condition or result when case is discharged. These conditions are recorded whenever possible, automatically and without necessity of personal opinions. Building such records is a very important issue in the scientific world today, because we bring actual proof in solid, concrete, and scientific form, that the ADJUSTMENT SPECIFIC does get sick people well; that the adjustment is not a matter of psychology or imagination on part of patient, but IS the reason for getting him well. We record many things over which patient has no control and therefore any change or improvement in such things must result from the adjustment alone; it cannot be influenced by anything else because nothing else is done. Following the adjustment, case is restored to normal health thru his Innate powers, "growing healthy" naturally.

Conclusions of scientific facts and proof of effective-

(Sheet 7)

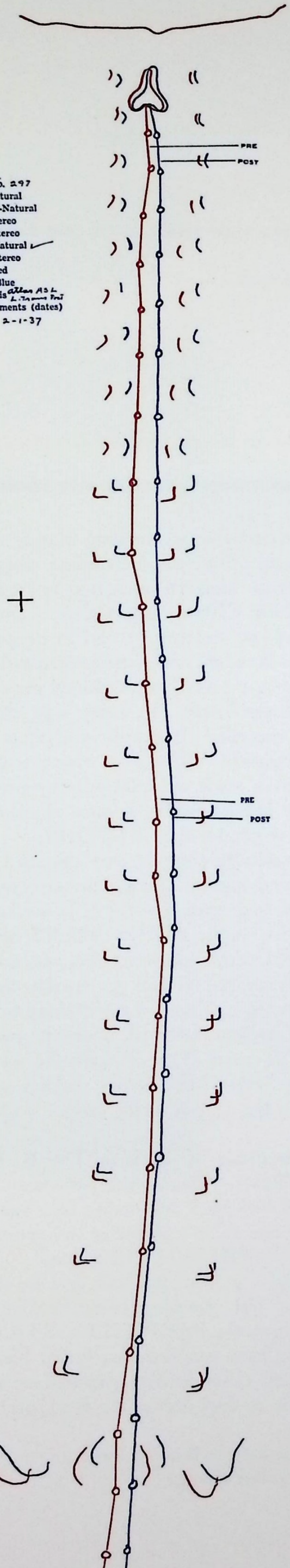
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 1-21-37 Case No. 297
and 2-1-37

Major:
Adjs. given:
(Dates)
2-1-37



Case No. 297
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Post
Adjustments (dates)
2-1-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

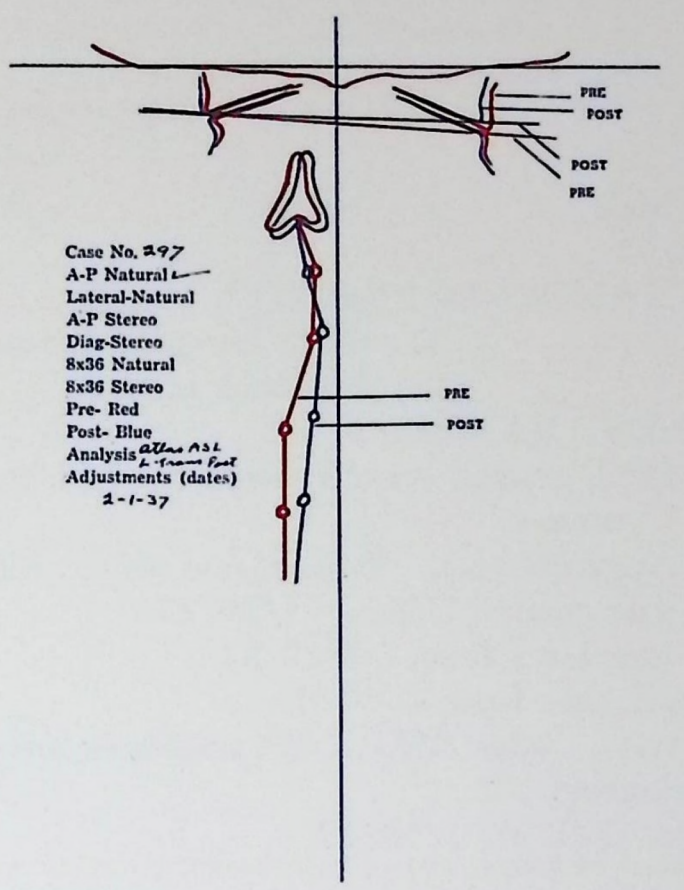
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 1-29-37 Case No. 297
and 2-15-37

Major: ATLAS ASL-L TRANS POST
Adjs. given:
(Dates)
2-1-37



Case No. 297
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Post
Adjustments (dates)
2-1-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

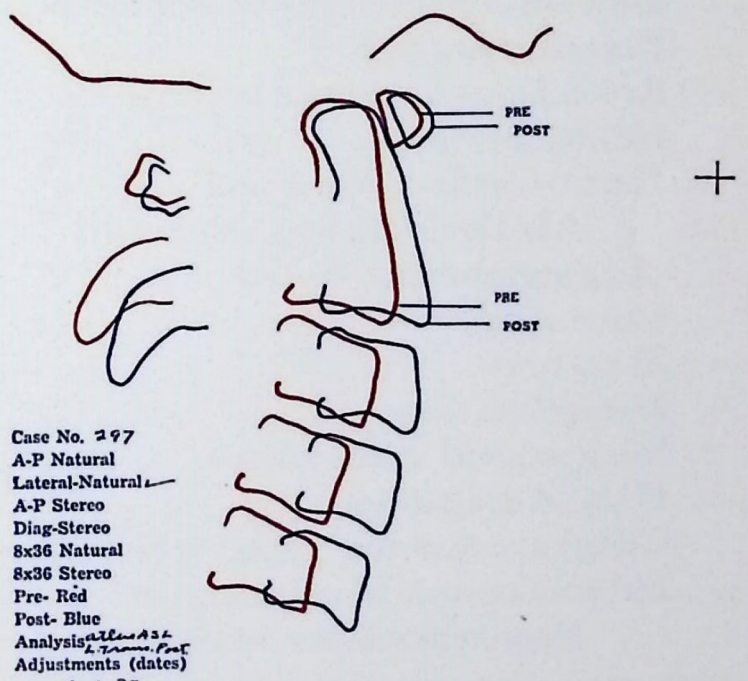
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 1-22-37 Case No. 297
and 2-15-37

Major: ATLAS ASL-L TRANS POST
Adjs. given:
(Dates)
2-1-37



Case No. 297
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Post
Adjustments (dates)
2-1-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

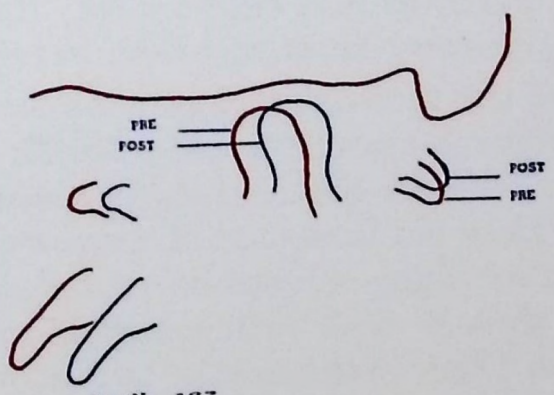
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 1-22-37 Case No. 297
and 2-15-37

Major: ATLAS ASL-L TRANS POST
Adjs. given:
(Dates)
2-1-37



Case No. 297
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Post
Adjustments (dates)
2-1-37

CASE No. 299

Male Single Age 67

1/30/37

ENTRANCE COMPLAINTS:

1. Right hip joint disease. Stiffness and soreness.
2. Sore back of neck.

PRESENT ILLNESS:

1927, gradual onset lameness in right hip. Became worse. Has been supervising work and helping past summer.

Appetite, good. Bowels, one daily. Bladder, negative. Sleep, very well.

Date case entered Clinic: 1/29/37
Date case left Clinic: 4/12/37
Interval, time lapse — 73 days
Analysis: Atlas ASL — left transverse anterior
Adjustments: 2
Dates: 2/1/37; 3/18/37

---

ness of ADJUSTMENT SPECIFIC are made from regular routine checks once a week.

When the case first enters Clinic, the following examinations are made:

Electroencephaloneuromentimpograph
Electrocardiograph
Recording sphygmomanometergraph
Heartometergraph
Electro-Cardio-O-Phon and
Aw-De-O-Cardiograph record
Contur-grafometer record
Urine Analysis
Blood tests
Metabolism tests
Microscopical examinations
Physical examination
Complete set of ten spinographs (minimum)
Neurocalograph-Neurocalometer-
Neurotempometer record

Once a week thereafter, case receives all of these examinations and tests with exception of spinograph comparative sets which are made every two weeks, with a final set of ten spinographs (minimum) when case is discharged. For protection of patient from accumulating too many X-rays in the system, spinograph comparative sets must be taken, at best, once every two weeks. All other tests once a week. Neurocalograph-Neurocalometer-Neurotempometer readings daily.

From this thorough routine procedure, facts are obtained through systematic and scientific comparison of records. We are not reaching opinions from theories and pet ideas, but from facts of comparative records and tests. Everything is based on procedure which is not carried through with such precision and exactness in any other Clinic in the world. In fact, we do not know of ANY clinic or hospital which makes such exhaustive tests once a week, under conditions herein described, or which takes as many X-rays consistently of each case, making graph comparisons, showing minute degrees of vertebral change. Hurried, incomplete tests, varying in procedure from week to week, are not tolerated in The B. J. Palmer Chiropractic Clinic. Every detail must be carried out exactingly, and in proportion are the conclusions accurate and facts scientifically correct. Nothing is left to personal or combined personal opinions of department heads. In every way, these scientific facts are recorded on graphs and films automatically and accurately. Whatever changes are shown in a case are true, made automatically by precision instruments, not influenced by human element or personal opinions or pet ideas of ANYONE.

We systematically compile true statistics as to actual physical and mental changes in our patients — changes as a result of exclusive use of an exclusive principle and practice — the ADJUSTMENT SPECIFIC.

In a scientific and accurate way, we are able to prove that Chiropractic DOES get results; that results we DO get are not a matter of psychology or imagination on part of patient, but real, honest-to-goodness results. They are recordings of scientific instruments which do not lie — instruments making recordings which any scientist or authority cannot and will not doubt.

This is one phase of work in The B. J. Palmer Chiropractic Clinic — one of the purposes. In years to come we will look back and realize how valuable this work has been and is, in upholding the principles and practices AND RIGHTS of Chiropractic.

Most certainly we can look back and see that while many scientific but justified complications HAVE entered the picture, the PRINCIPLE and PRACTICE of Chiropractic have remained exclusive and distinct from any and all other healing professions; and they remain the basis or foundation for work and research conducted.

Chiropractic cannot become lost !

Principles do not change !

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

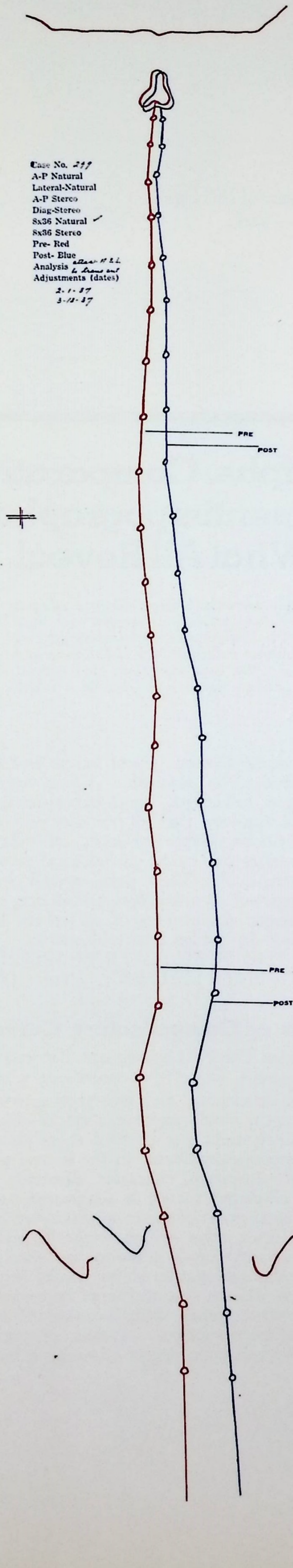
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Comparative graph between 8x36 film spinographs taken 1-25-37 Case No. 299
and 4-12-37

Red, 1st exam
Blue, 2nd exam

Major: ATLAS ASL-L TRANS ANT

Adjs. given
(Dates)
2-1-37
3-15-37



Case No. 299
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L trans ant
Adjustments (dates)
2-1-37
3-15-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

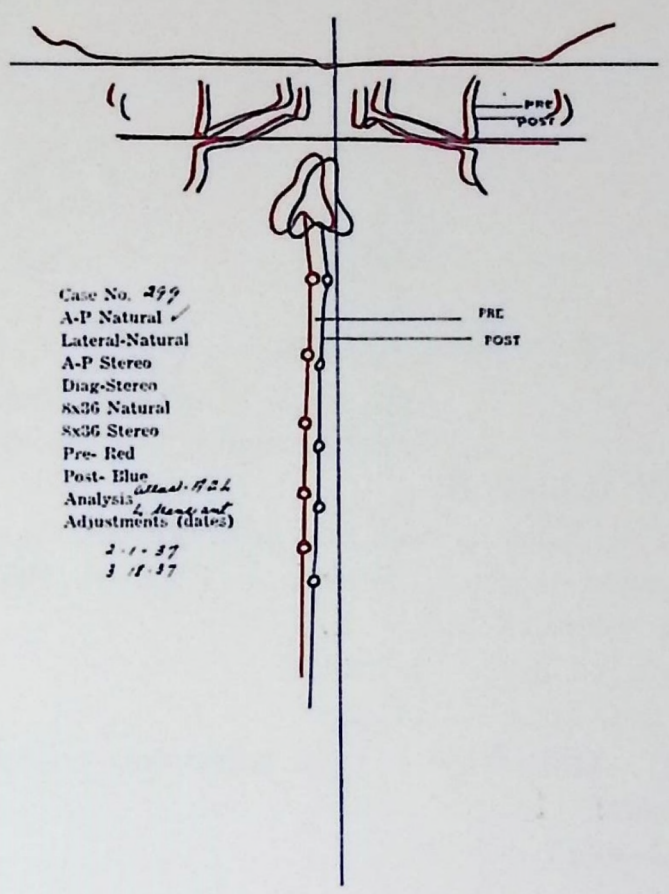
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between A-P Nat. spinographs taken 1-25-37 Case No. 299
and 4-12-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
2-1-37
3-15-37



Case No. 299
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L trans ant
Adjustments (dates)
2-1-37
3-15-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

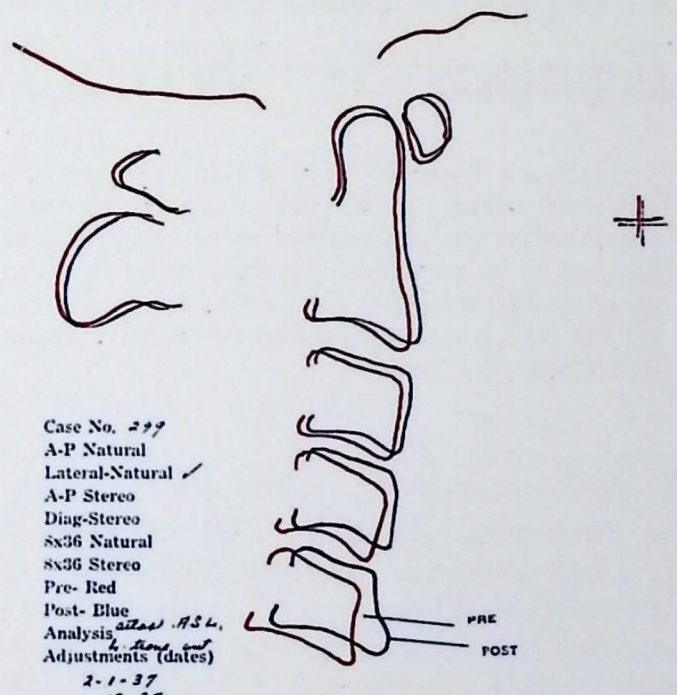
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken 1-25-37 Case No. 299
and 4-12-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
2-1-37
3-15-37



Case No. 299
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L trans ant
Adjustments (dates)
2-1-37
3-15-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

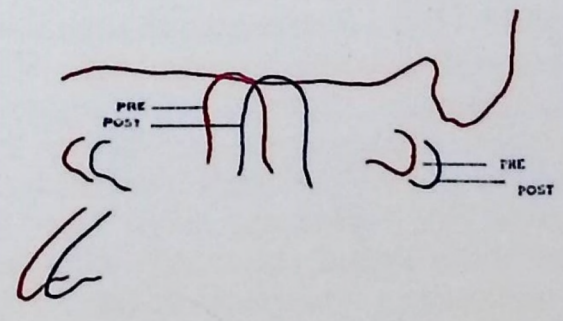
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken 1-25-37 Case No. 299
and 4-12-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given.
(Dates)
2-1-37
3-15-37



Case No. 299
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L trans ant
Adjustments (dates)
2-1-37
3-15-37

CASE No. 305

Male Married Age 51
2/3/37
ENTRANCE COMPLAINTS:

1. Stiff neck off and on (two or three times a year)
2. Lumbar region tires and aches after exertion.

PRESENT ILLNESS:

1927 — Kink in neck and adjusted with good results. Comes in for general checkup.
Appetite — good. Bowels — 1 a day. Bladder — Negative. Sleep — well.
Date case entered Clinic: 2/3/37
Date case left Clinic: 2/18/37
Interval, time lapse — 15 days
Analysis: Atlas AIR — right transverse posterior
Adjustments: 1
Dates: 2/4/37

8x36 Spinographs, Stereo-Spinographs, Comparative Graphs, Electroencephaloneuromentimpographs Research—What They Are and What All Reveal

(Editor's Note — It was the intent to confine Vol. XX to spinographic-graph research. The following subject, however, covering several years of seeking facts necessarily covered not only 8x36 stereo spinographs and their comparative graphs but we were compelled to carry into another field — the electroencephaloneuromentimpograph and its graphs to conclude the subject to its objective findings. The latter is to be subject matter of Vol. XXII if, as and when published. So far as this book is concerned, it is the cart before the horse. We hope that if we have entered a field which our profession does not comprehend, they will make allowances pending issuance of next book which will clarify.)

THE PSC commercial X-ray laboratories were the first to expose, develop, and interpret 8x36 full-length, single-exposure spinographs. It was so new that Eastman would not "play" with the idea of making experimental films that size; said single X-ray exposures that size "couldn't be done". Buck was willing to experiment with us, did, and so today they have the lion's end of that business.

Before 8x36 full-length, single-exposure spinographs, we had been taking spinal columns in sections, usually 4 separate films, which we tried to piece together, end for end, section for section. This was never satisfactory.

The reason for an all-length single film spinograph was to see what the single film full-length revealed. Were spinal columns straight? Were they curved? Were they full of curvatures? Were the curves, if any, adaptative? Do adjustments change these curves? Was there adaptation after adjustment? Were curves pathological, traumatic, anomalous, compensative, and adaptative? Were they fixed or subject to rules of floating conditions? What were percentages of each? We called ourselves "spine specialists" and how much did we know about spinal columns? How many questions could we answer from facts known? How much of what salesmen sold was reliable, authentic, would work? How much were they duping themselves, duping us as buyers, thinking they had something and we NOT knowing whether it was another pig in the poke or something that sounded good but wouldn't stand up? These and many more questions arose in our minds, for which we then had no answer. Facts, before and after adjustment, needed to be answered. Upon securing thousands of 8x36 full-length, single-exposure spinographs, it became apparent that 98 per cent of people had adaptative curves, either scoliotic, lordotic, or kyphotic. They were not in the pathological or traumatic sense "curvatures". They were, strictly speaking, "adaptative curves" — adaptative to balance, compensatory to weight equilibrium of an off-set head above, due to a side-slip wedge atlas subluxation.

Page 292 of THE SUBLUXATION SPECIFIC, THE ADJUSTMENT SPECIFIC, (Vol. 18 — Palmer) says:

"Adaptative or Compensatory Curves

"For several years The PSC Spinograph Laboratories and our field research work have developed a technique for taking, developing, and interpreting several thousand full length, single exposure, spinal column spinographs. Ninety-eight per cent of these showed adaptative or compensatory curves in the several parts of those columns. Location, character, direction and degree of any or all compensatory or adaptative curves depends upon pivotal point of superior gravity of head and its condyles upon atlas, which might be left or right of center, or anterior or posterior on condyles. Atlas wedge-side-slip subluxation shifts gravity weight balance point from side to side and from backward to forward or vice-versa, hence shifts position of head above and spinal curves below. Center of gravity weight balance depends upon degree of wedge-side-slip,

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

End, entering date
Blue, leaving date

Comparative graph between 8x36 film spinographs taken 2-3-37 Case No. 305
and 2-16-37

Major atlas AIR-R Trans. Post

Adjs. given
(Dates)
2-4-37

Case No. 305
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-AIR R. Trans. Post
Adjustments (dates)
2-4-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 2-3-37 Case No. 305
and 2-16-37

Major: atlas AIR-R Trans. Post

Adjs. given:
(Dates)
2-4-37

Case No. 305
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-AIR R. Trans. Post
Adjustments (dates)
2-4-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

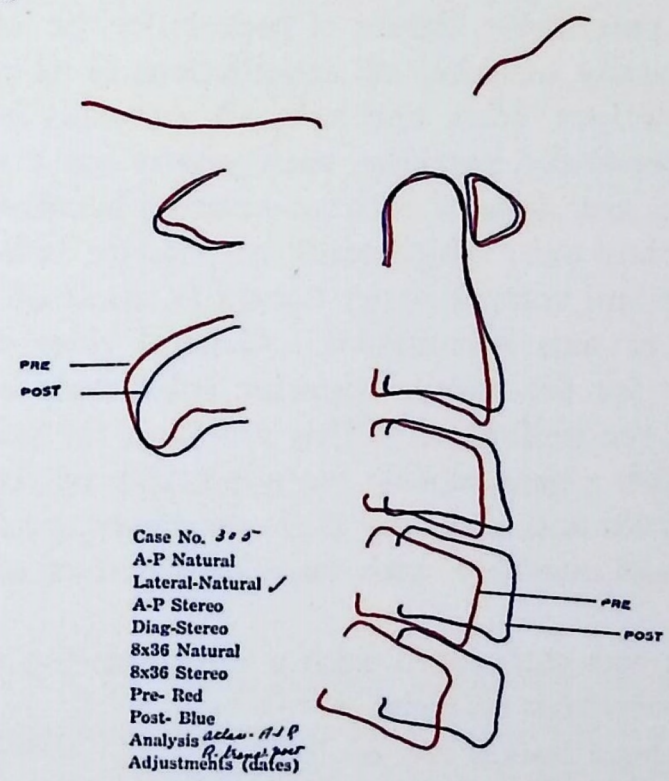
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 2-3-37 Case No. 305
and 2-16-37

Major: atlas AIR-R-Trans. Post.

Adjs. given:
(Dates)
2-4-37



Case No. 305
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-AIR R. Trans. Post
Adjustments (dates)
2-4-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

End, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 2-3-37 Case No. 305
and 2-16-37

Major: atlas AIR-R-Trans. Post

Adjs. given:
(Dates)
2-4-37

Case No. 305
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas AIR R. Trans. Post
Adjustments (dates)
2-4-37

CASE No. 306

Female Married Age 43

2/4/37

ENTRANCE COMPLAINTS:

1. Can't sleep nights. Nervous.
2. Numbness of neck and head.
3. Weakness muscular.

PRESENT ILLNESS:

Began February, 1936. Gradual onset. Took adjustments in Clinton, Iowa. Basic Technique and was overadjusted, and has not been well since. (Patient's statement).

Appetite, fair. Bowels, one every other day. Bladder, negative. Sleeps poorly.

Date case entered Clinic: 2/4/37

Date case left Clinic: 5/19/37

Interval, time lapse — 104 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 5

Dates: 2/5/37; 2/17/37; 3/3/37; 3/19/37; 4/19/37

---

degree of anteriority, degree of superiority, or inferiority. Generally speaking, all articulations in all people, between occiput, atlas, and axis, are normally builded alike. Specifically speaking, each person has a special size, shape, and slope of each articulation between occiput, atlas and axis, which tends to produce individual adaptative and compensatory curves as result of his or her atlas or axis subluxation. General rules can be laid down for the many. Specific rules must be laid down for the individual. This accounts for why we can establish a general rule for adaptative or compensatory curves and also why it is sometimes specifically opposite and contrary with same direction of atlas or axis."

If atlas was subluxated with a right side-slip wedge and head was high on right,

head leaned low on left
cervical curved lateral to right
dorsal curved lateral to left
lumbar curved lateral to right
pelvis was high on left
left leg was seemingly short, etc.

This, or its reverse, was the rule but was subject to various variations. If head was unbalanced anterior or posterior over chest or shoulder, it threw spinal column into additional lordotic or kyphotic compensatory or adaptative curves to lateralities, etc.

Taking single-exposure full-length spinographs under precision posture constant, preceding and following adjustment of atlas side-slip wedge specific and making comparative graphs from same, gave definite and positive information of natural corrections, natural lengthening of, and otherwise letting Innate Intelligence in the case make necessary restoration of positions of individual vertebrae, collective groups of vertebrae as well as entire spinal column curves. Graphs are based on full-length exposures made upon entrance of case and are again taken of case leaving Clinic. This visually presents natural changes which have taken place during interim which vary according to case. It would be impossible here to go into clinical facts and figures, but they prove that HIO atlas adjustments DO permit natural correction of abnormal compensatory spinal column curves. In this character of work, nothing is done with treatment of spinal column, pelvis, legs, etc. Those parts automatically correct themselves when cause is competently, correctly, and efficiently adjusted.

Page 293 (Vol. 18 — Palmer) further makes the following statements:

"There is a small group in our profession to whom everything is 'spinal balance'. That there are compensatory or adaptative abnormal curves in a spine is herein explained. To 'adjust' to correct these abnormal curves to establish 'balance' is to treat effects of a cause. Temporary, accidental, and occasional RELIEF can be obtained. The 'spinal unbalance' will return so long as cause that caused it exists and has NOT been corrected. Much better to adjust THE cause and let Innate Intelligence establish her own natural and normal balance.

"There is another small group in our profession to whom everything is 'general vertebral mechanical correction' of every vertebra in spinal column. They look, they see that every vertebra is misaligned. Why such does exist is herein explained. To 'adjust' each vertebra, with an idea of aligning them, is to treat effects of a cause. Relief obtained may be temporary, occasional, and accidental, only to return because THE cause has NOT been corrected. Much better to adjust THE cause and let Innate Intelligence establish her own natural and normal alignment of each vertebra.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

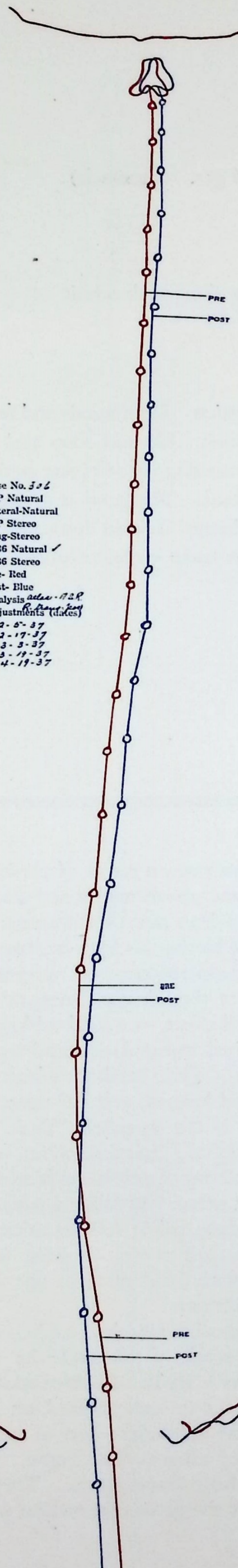
FRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Path
Blue, 2nd Path

Comparative graph between 8x36 film spinographs taken 2-4-37 Case No. 306
and 4-19-37

Major: ATLAS ASR-R TRANS POST

Adjs. given (Dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37



Case No. 306
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR Refrac-jeng
Adjustments (dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37

(Sheet 8)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

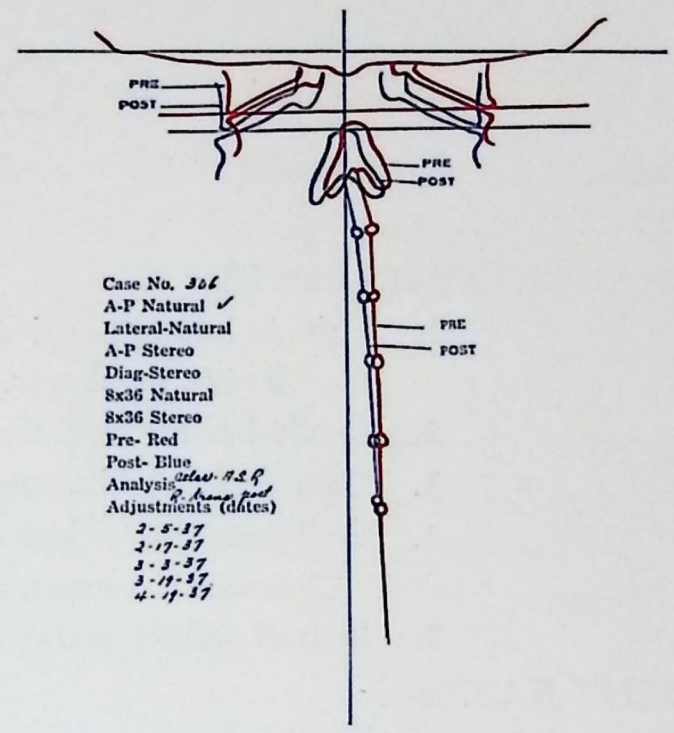
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 2-4-37 Case No. 306.
and 4-19-37

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37



Case No. 306
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR Refrac-jeng
Adjustments (dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

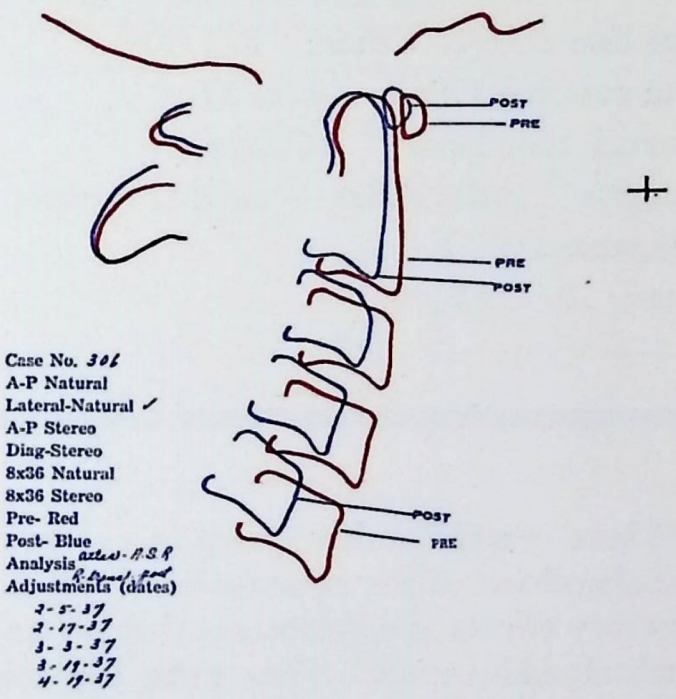
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 2-4-37 Case No. 306
and 5-19-37

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37



Case No. 306
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR Refrac-jeng
Adjustments (dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

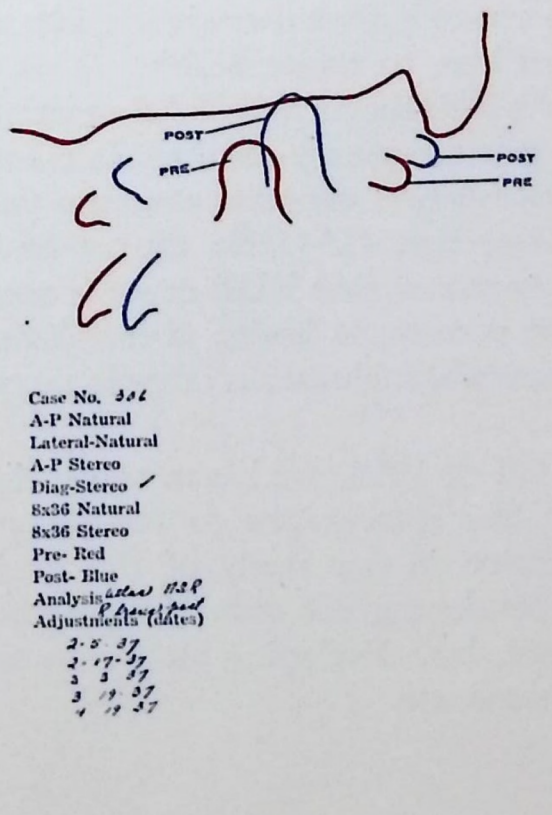
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 2-4-37 Case No. 306
and 5-19-37

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37



Case No. 306
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR Refrac-jeng
Adjustments (dates)
2-5-37
2-17-37
3-3-37
3-19-37
4-19-37

CASE No. 315

Male Married Age 44

3/1/37

ENTRANCE COMPLAINTS:

1. Pain in left upper quadrant abdomen. Pressure and gas. (Stomach). Raises much gas.
2. Stuffy head with difficult breathing through nostrils.
3. Gets chilly and has sneezing spells.
4. Dull pain of left elector spinal mass and has sensations along both sciatic nerves. Occasional pain on left sciatic.
5. Loss of weight and strength.

PRESENT ILLNESS:

Stomach began about March, 1936, with distress from gas and palpitation. Cold hands and feet. Has not been well since. Attack of "Flu", worked but forced to bed for week. Up too soon and had relapse. Has been very nervous and father's death a shock. Did not have a reading that anyone could find.

Appetite, not keen. Food distresses with gas. Bowels, 1-2 daily in health. Not good at present. Bladder, nocturia, one. Some smarting and burning. Sleep, disturbed with heart. Libido decreased.

Omitted smoking about October, 1935, because the smoking seemed to make his heart worse.

Date case entered Clinic: 3/1/37

Date case left Clinic: 4/6/37

Interval, time lapse — 36 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 3/4/37

"There is still another group in our profession who have also observed this same series of adaptative or compensatory effects and symptoms that are sequences of a vertebral subluxation. They note, beginning from below, that one leg is shorter, pelvis is tipped, vertebral column has abnormal curves, muscles of back region are contractured or prolapsed or both, ligaments are taut or slack. Believing buttock region to be intermediary seat of balance control, they offer a secret method of tipping ligamentous 'guy-wires' to establish muscular control to create a normal straight spine, to level pelvis to lengthen legs, to create health. That they observe these effects is to their credit. As a method of treating effects, it gets temporary results. It takes the average Chiropractor 3 to 6 months to realize that effects are NOT causes; that CAUSES cannot be corrected by treating symptoms; that THE cause is not basic in buttocks; that permanent health is established by adjustment of vertebral subluxation cause at inception — atlas or axis."

In the fall of 1936, we began to develop the 8 x 36 STEREO film spinographs to further give depth or third direction in our study of this problem and its solution; developing not only X-ray technique for exposing same, but developing an 8 x 36 stereo reading box and frame, etc.

Based upon this proven series of clinical and spinographic facts, came above mentioned three groups of what and how to iron out (via treatment of effects) these curves, each having his own treatment method of correction of compensatory or adaptative curves. Seemingly, none of these knew Chiropractic difference between cause and effect, vertebral subluxation and adjustment, and spinal manipulation and treatment of its abnormal curves. That method which has created greatest stir, lasted longest, and has upset more Chiropractors' minds, is the so-called "Basic Technique", which in principle and practice, when understood, is with adaptative tilting of pelvis, with seeming shortening of one leg or other. It follows naturally that leg follows tilt of pelvis; pelvis follows adaptative curves of spinal column, and curves of spine follow wedge-side-slip of atlas with head tilted to one side or other, unbalancing equilibrium.

Chiropractic premises vertebral subluxations as THE CAUSE. As a result of atlas side-slip wedge, adaptative curves. As a result of subluxation muscles on one side become taut or contractured, on other relaxed or prolapsed. The permanent cure is to adjust vertebral subluxation of atlas as their cause. All this was lost sight of by these investigators. They were more anxious to correct the gross observation of effects.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

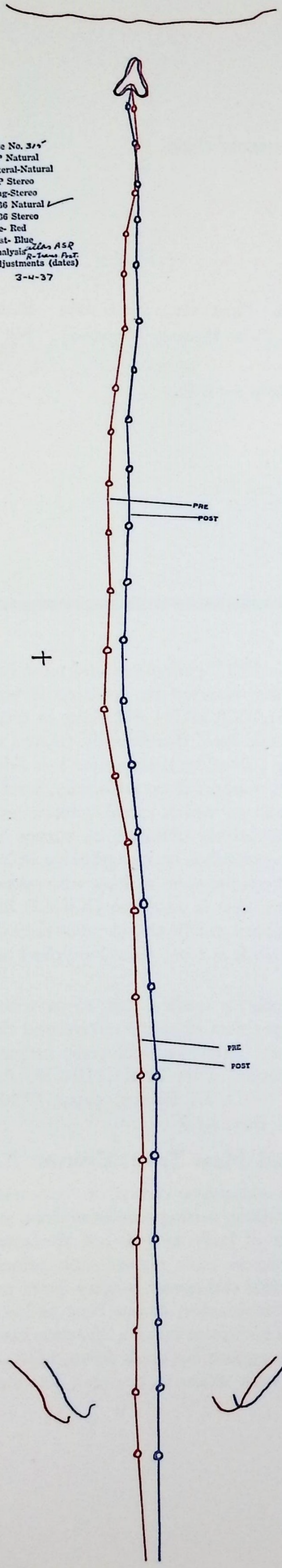
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 film, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 3-4-37 Case No. 315
and 4-6-37

Major:

Adjs. given: (Dates)
3-4-37



Case No. 315
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R-Trans Post.
Adjustments (dates)
3-4-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

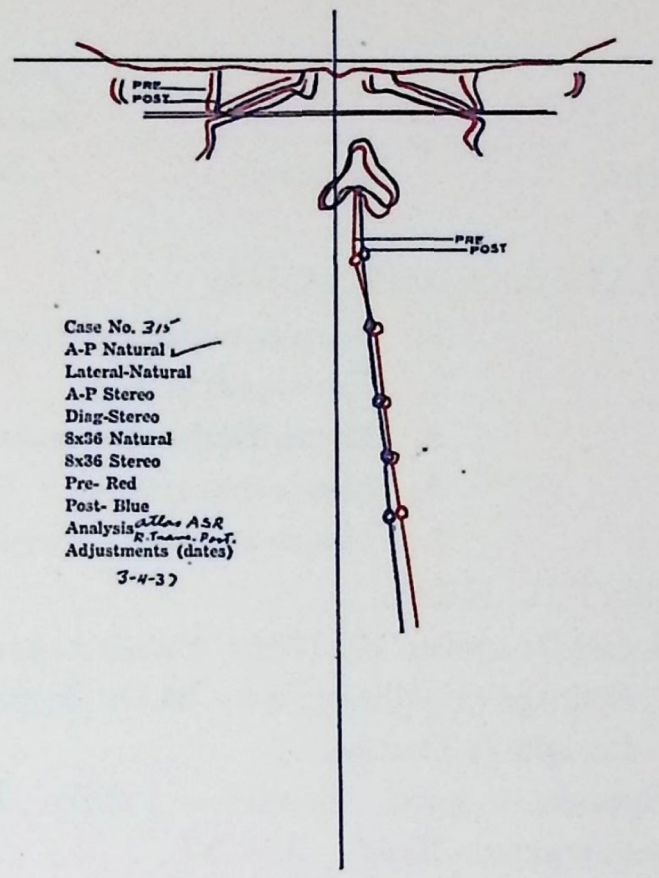
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 3-4-37 Case No. 315
and 4-6-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
3-4-37



Case No. 315
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R.Trans. Post.
Adjustments (dates)
3-4-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

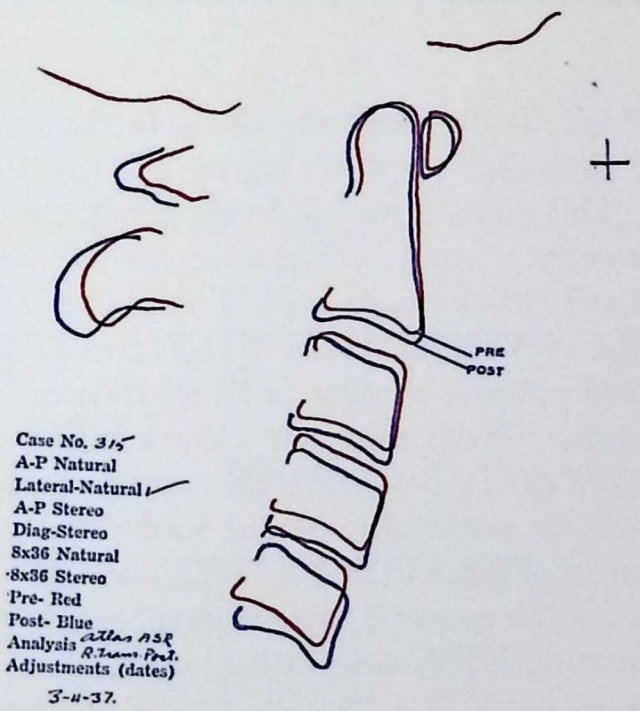
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 3-4-37 Case No. 315
and 4-6-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
3-4-37



Case No. 315
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R.Trans Post.
Adjustments (dates)
3-4-37.

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

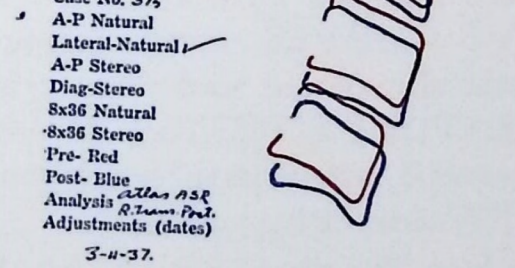
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 3-4-37 Case No. 315
and 4-6-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
3-4-37



Case No. 315
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R Trans Post.
Adjustments (dates)
3-4-37.

CASE No. 317

Male Married Age 29

3/4/37

ENTRANCE COMPLAINTS:

1. Purulent drainage from cervical glands left side posterior chain.
2. Constipation.
3. Hyperdrosis. Excessive perspiration.
4. Headaches frontal.
5. Gas in stomach. Food sometimes distresses.

PRESENT ILLNESS:

Began December 10, 1936. Swelled over night — pain and redness. Fluctuation in 20 days. Incised with drainage of yellow pus by M.D. Suspected TBC, but not proved (Von Pirquey Negative). No proof of Hodgkin's Disease.

Appetite — good. Bowels — 1 daily. Bladder — Nocturia 1. Sleep — well.

Date case entered Clinic: 3/4/37

Date case left Clinic: 4/1/37

Interval, time lapse — 28 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 3/5/37

"Basic Technique" so-called, works from the other end. It builds up short leg by placing a "lift" under heel. This raises short leg, levels pelvis, throws back into apparently normal "adaptative curves" and somewhat artificially levels head — BUT ATLAS VERTEBRAL SUBLUXATION STILL EXISTS in ITS original subluxated position in new artificial relation with occiput and axis. Given time, we form a NEW SERIES OF ADAPTATIVE CURVES, compensating to "lift" of heel as artificially placed under short leg. As a means of TREATING EFFECTS it IS effective. It does, for the moment, compensate for adaptative curves by creating NEW adaptative curves.

IF objective is to "lengthen" "short" leg, lower high pelvis, pull adaptative spinal curves out to straighten and thereby lengthen spinal column, then BEST method I know is and has always been an osteopathic treatment, viz., place foot of "short" leg over and above knee of "long" leg (patient lying prone on back), then press down to table knee of "short" leg, pulling leg downwards toward inferior. This pulls leg, pulls high pelvis, pulls out curves of spine, creates a tremendous fulcrum of leg on entire back. Then suddenly straighten leg jerking it from bent position to straight one. Osteopaths, even with A. T. Still, have always used this to straighten spinal columns and lengthen shorter leg. It may be necessary to push down knee to table and towards inferior, the leg several times at each treatment, but eventually "short" leg will be temporarily as long as "long" one, and adaptative curves WILL BE PULLED back towards median line. WHILE IT WORKS, it is NOT permanent and must be more or less infrequently resorted to, to keep it so, because ATLAS SUBLUXATION still exists as cause.

We here could have theoretically treated the upper end by placing a shoulder brace under low side of head, push and brace support it up artificially, level tilting of head, as a result of which spinal column would have artificially adaptatively changed its curves below, including leveling of pelvis and lengthening of leg. If our objective had been the same as those who propose spinal treatment ideas, that is what we COULD have done. It would have been as effective as what they did, if not more so, because it is more directly applied at location of cause.

It is old work for medical men to have studied, researched this problem of spinal curves and their treatment correction. Books on orthopedic surgery abound with their methods. (See THE CHIROPRACTOR'S ADJUSTER — D. D. Palmer, pages 177-178, 189, 220, 651, 786, 844, etc.)

Medical Men Treat Spines Also

Dr. Sayre's suspension device or "jury-mast" hung patient from ceiling, raising toes from floor, permitting gravity weight of body to pull out abnormal curves. That Chiropractors have played with principles and practices of spinal orthopedic surgery is not new. Dan Reisland, a Chiropractor, at one time had our profession agog with his invention of a "traction couch" — a table on which patient lay, back down, head and shoulders fastened with straps to one end, feet strapped to

(Sheet 7)

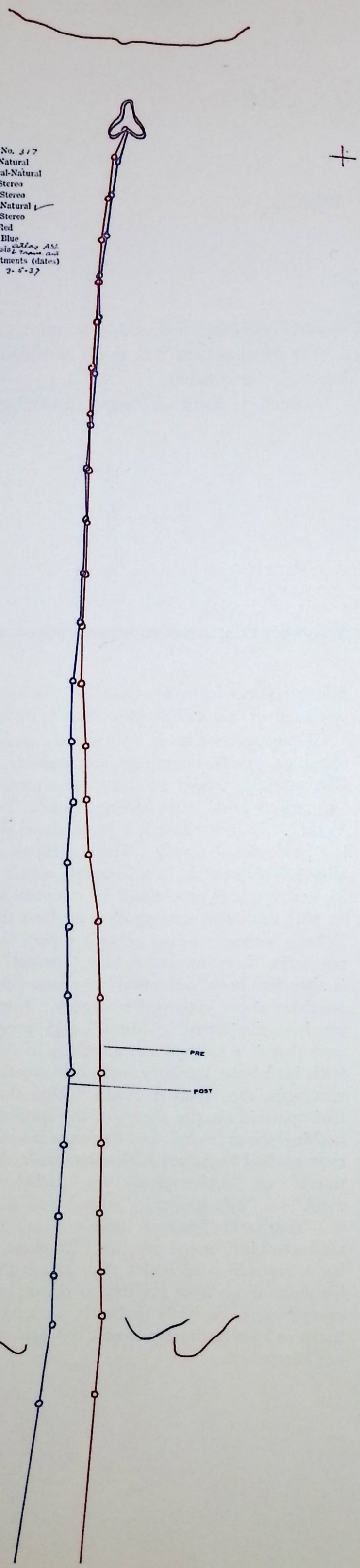
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Comparative graph between 8x36 film spinographs taken 3-4-37 Case No. 317
and 4-1-37

Red, entering date
Blue, leaving date

Major:
Adjs. given
(Dates)
3-5-37



Case No. 317
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
3-5-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

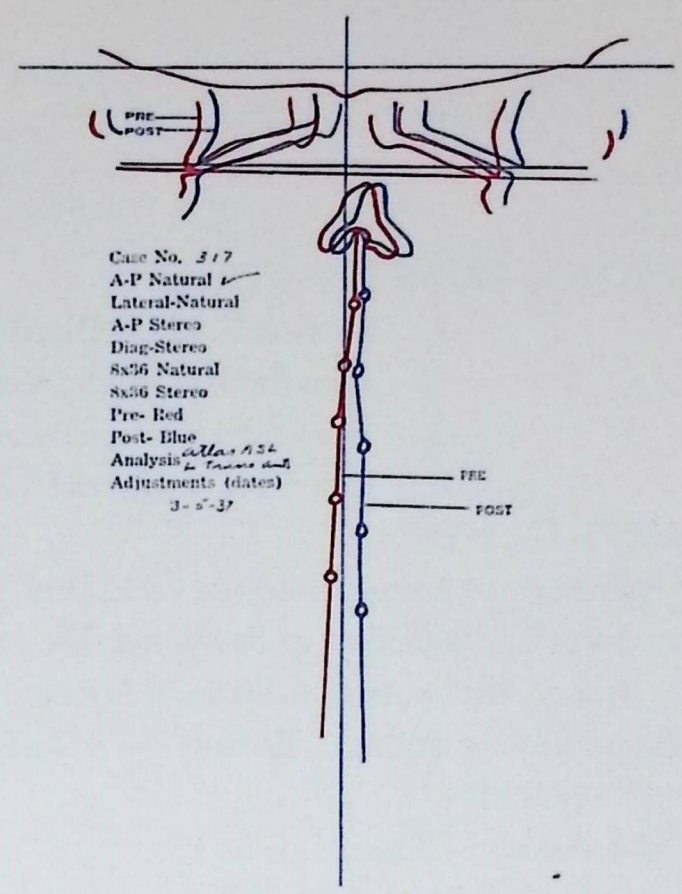
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between A-P Nat. spinographs taken 3-4-37 Case No 317
and 4-1-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given
(Dates)
3-5-37



Case No. 317
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
3-5-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

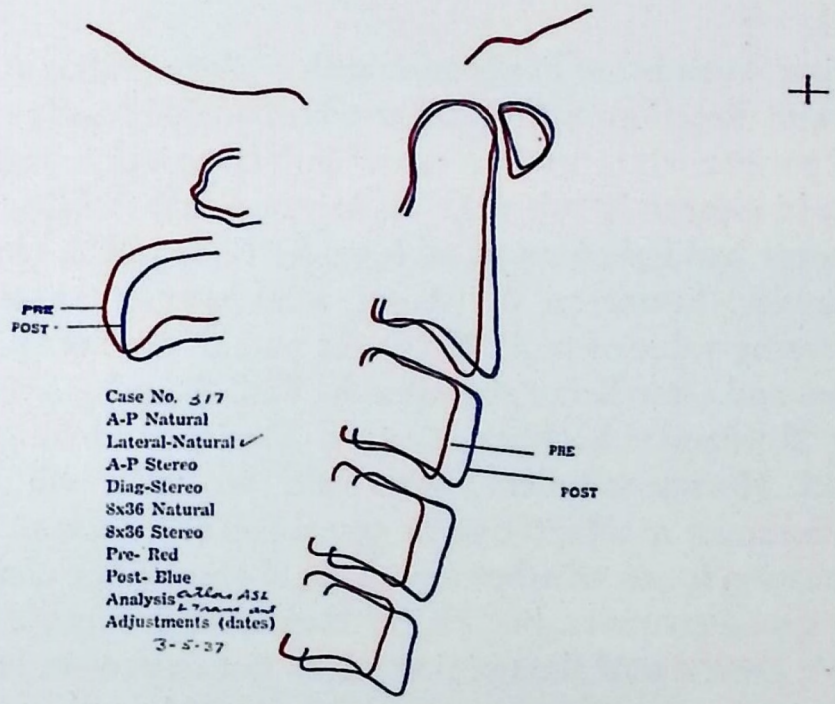
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken 3-4-37. Case No. 317.
and 4-1-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
3-5-37



Case No. 317
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
3-5-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

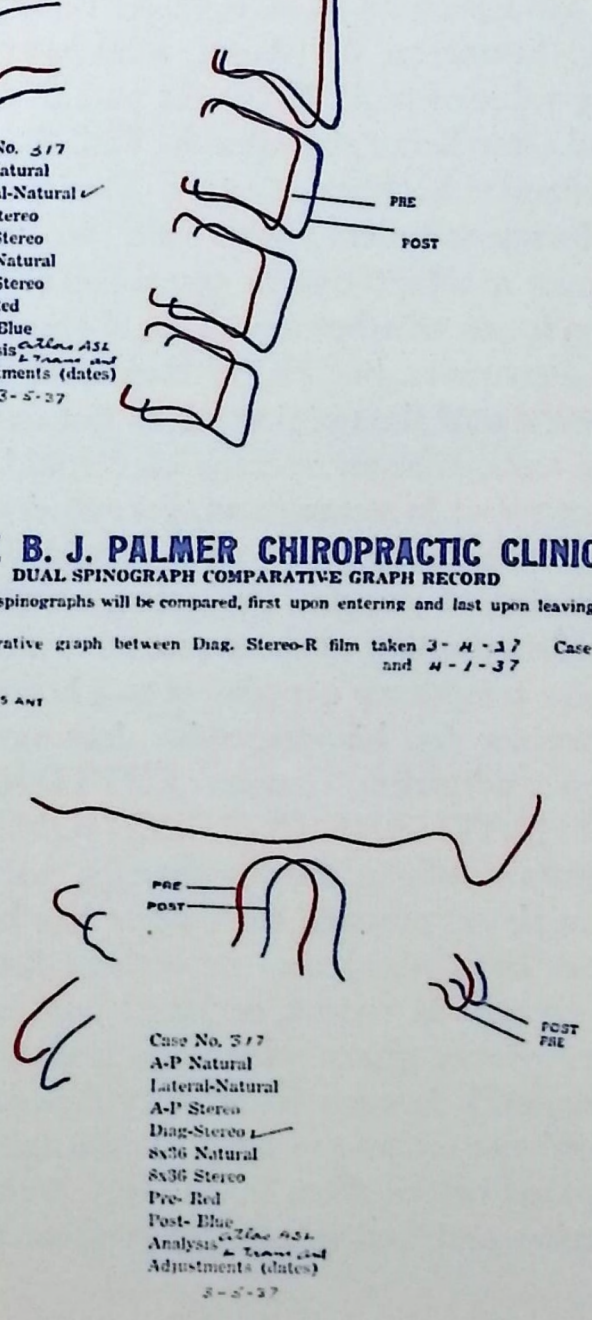
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken 3-4-37 Case No. 317
and 4-1-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given.
(Dates)
3-5-37



Case No. 317
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL L Trans Ant
Adjustments (dates)
3-5-37

CASE No. 324

Female Married Age 55

4/6/37

ENTRANCE COMPLAINTS:

1. Hemorrhoids— Bleed occasionally. Painful.
2. Pain back of neck; sensitive neck.
3. Eyes sensitive and tire easily.
4. Frequent stools; occasional mucous.

PRESENT ILLNESS:

Operated for hemorrhoids in 1912 and 1916 and still disturbs patient. Frequent evacuation from bowels disturb. Sensitive neck all her life and worse since 1921 when patient was in car accident. Eyes improved by ovarian substance injected and takes a dose every three weeks.

Appetite improving. Bowels — 4 daily. Bladder — Nocturia 1, slight scalding occasionally. Sleep — Very well.

Date case entered Clinic: 4/6/37
Date case left Clinic: 4/20/37
Interval, time lapse — 14 days
Analysis: Atlas ASR
Adjustments: 1
Dates: 4/7/37

---

other, both being connected with pulleys pulling in opposite directions with ratchet wheel within handy reach of patient who could exert any pull on spinal column he could pleasantly tolerate. To increase stretchability, the doctor had light-heat in table under body which relaxed muscles, ligaments, cartilages, intervertebral discs, increasing value of pull. No doubt patient felt better. Before and after X-ray spinographs with Sayre's jury-mast or Reisland's backbone-heating tension-stretching, or with Hurley-Saunders-Logan "lift" on heels, will show differences in adaptative or compensatory curves. The question is not whether any or all of these force changes in spinal contours, but HOW they were brought about. We are even of the opinion, altho not so proven in laboratory tests, that an average case could go to turkish bath, get sweat in steam room, get rub down, and X-ray pictures taken before and after would show difference in relaxation of muscles, ligaments, cartilages, and consequent lengthening of spine as curves straightened out. Are these temporary expedients to a hopeful outlook by Chiropractor for his case who does not discriminate between adjusting cause LETTING INNATE MAKE NATURAL CORRECTIONS; or are they treatments of effects, forcing changes, with nothing new in principle or practice than what has been in use for centuries by medical men or orthopedists? These are questions which, sooner or later, our profession must answer. Every group which has tried various medical methods, each in turn found they failed. Older exponents of basic technique are acknowledging what others have stated before them in its use. Some people learn by cutting and fitting medical treatments, trying and failing; others learn by clear-line thinking the Chiropractic principle and practice thru to its logical facts.

Chiropractors unable to correctly and fully understand or practice accurate, competent, and efficient Chiropractic, desire an easy substitute. They seek "something new", "something better", "something different". Where there is a professional demand, there is a professional supply. The encompassing, complete, all-enveloping eureka is announced, minds of like inabilities accept, it is proclaimed by salesmen and buyers as ne plus ultra and it sings its song thru the profession. What's wrong? Many scratch superficialities of Chiropractic, therefore know how "limited" its principle is, therefore how "unlimited" its practice is. Few know anything about orthopedic surgery. Some Chiropractors have the "broad", "liberal", and "progressive" concept that if a method has anything to do in any way with back-bone territory including muscles, ligaments, cartilages, etc., then it comes within the purview of Chiropractic on the theory that "medical men know nothing about backs" and the only people "who have ever studied backs are Chiropractors". The "play on words" of "subluxation" vs. "pathologies"; "treatment" vs. "adjustment"; "stimulation and inhibition" vs. "restoration" means little and are used alike as means to his financial practice. To some, Chiropractic has a reputation to which they attach themselves like barnacles to go from poverty to riches; meanwhile use everything from heels to heads, so long as it affects backs as legitimate prey to sell, buy and sell to the sick as Chiropractic.

(Sheet 7)

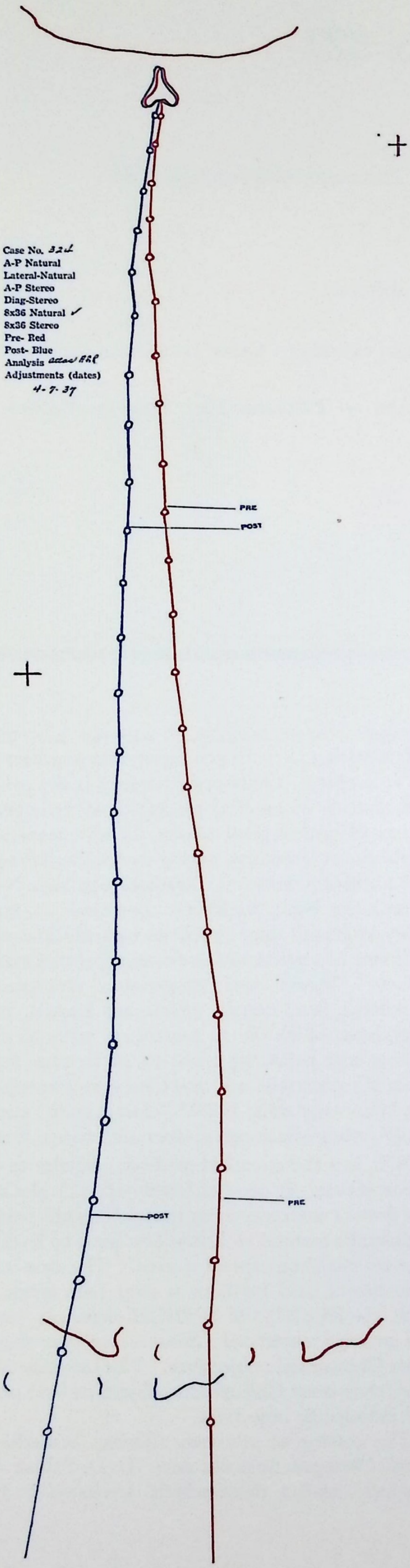
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Film
Blue, 2nd Film

Comparative graph between 8x36 film spinographs taken 4-6-37 Case No. 324
and 4-28-37

Major:
Adjs. given
(Dates)
4-7-37



Case No. 324
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
Adjustments (dates)
4-7-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

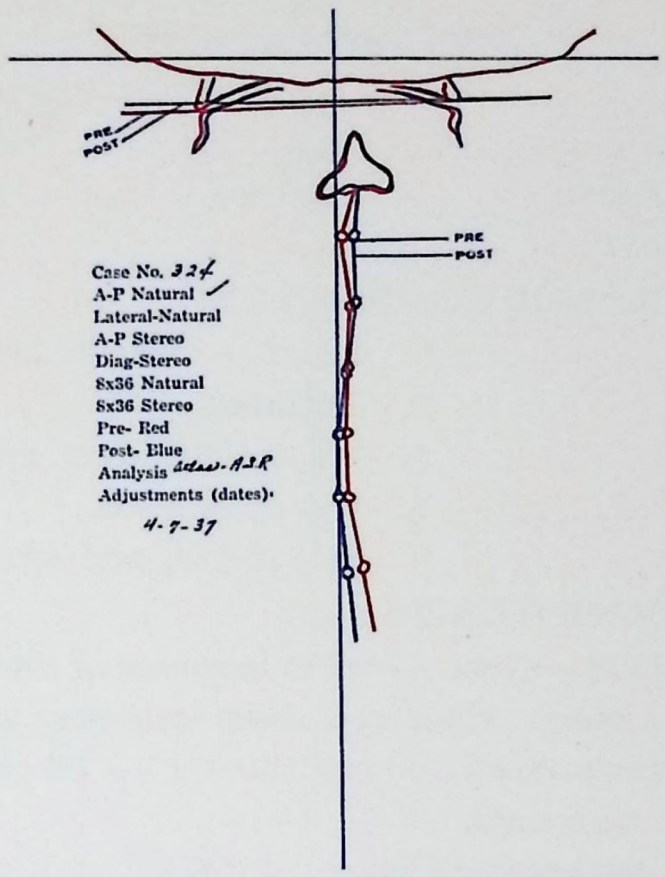
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 4-6-37 Case No. 324
and 4-28-37

Major: ATLAS ASR

Adjs. given:
(Dates)
4-7-37



Case No. 324 ✓
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
Adjustments (dates)
4-7-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

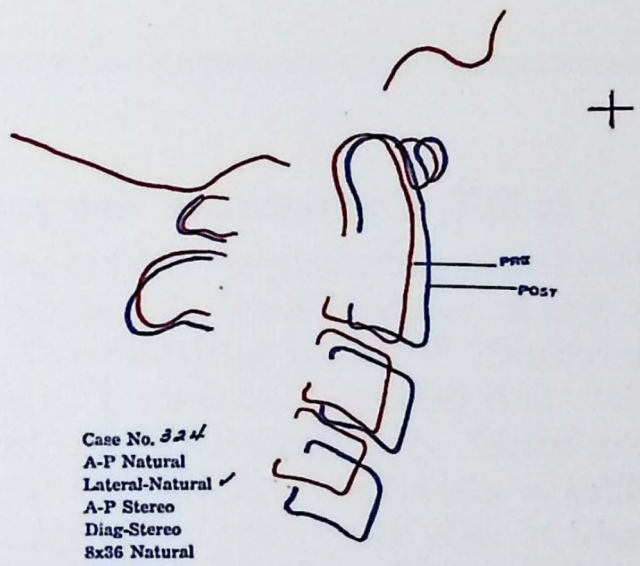
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 4-6-37 Case No. 324
and 4-28-37

Major: ATLAS ASR

Adjs. given:
(Dates)
4-7-37



Case No. 324
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
Adjustments (dates)
4-7-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

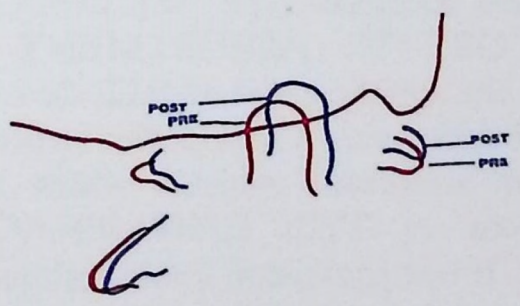
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 4-6-37 Case No. 324
and 4-28-37

Major: ATLAS ASR

Adjs. given:
(Dates)
4-7-37



Case No. 324
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
Adjustments (dates)
4-7-37

CASE No. 327

Female Married Age 54

4/14/37

ENTRANCE COMPLAINTS:

1. Heart — Pains off and on suddenly. Tightening sensation substernal.
2. Dizziness.
3. Short of breath on exertion.
4. Gas on stomach.
5. Pain in back and right hip and low in abdomen.

PRESENT ILLNESS:

1934 — June — fell in basement of church and heart began to bother. Other complaints come and go since onset. Condition about stationary at present.

Appetite off and on. Bowels — 2-8 times daily. Bladder — Nocturia 2-3. Sleep — Broken. Tired mornings.

Date case entered Clinic: 4/14/37

Date case left Clinic: 5/12/37

Interval, time lapse — 28 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 4/15/37

Is B.T. Orthopedic Surgery?

What is orthopedic surgery? What ground and territory does it cover and serve? What are its principles and practices? What are methods used? Is it Chiropractic? Is it different? If there is a difference, is it slight or much? Are Chiropractic and orthopedic surgery allied or dissimilar? Are they enough apart to be antipodal to each other? Can a Chiropractor practice both and be or not be a Chiropractor? Can he practice both AND BE a Chiropractor and orthopedic surgeon? Some Chiropractors think of orthopedic SURGERY as involving anesthetics, cutting, and breaking bones. The largest portion of orthopedic surgery has always been, and is today, manual manipulation and mechanical external treatment — but always directed to THE TREATMENT OF EFFECTS. Orthopedic surgery has NEVER involved THE VERTEBRAL SUBLUXATION OR ITS ADJUSTMENT BY HAND ONLY as the specific cause of ALL dis-ease in vertebral columns, backs, etc. Orthopedic surgery was one of THE most important subjects which D. D. Palmer wrote about in THE CHIROPRACTOR'S ADJUSTER. If our profession knew orthopedic surgery as D. D. Palmer, or as any orthopedist, they would buy less that is pawned as Chiropractic. The average salesman is sincere and offers wares in innocence. The average buyer is more sincere and more ignorant than the average salesman. He who offered it as Chiropractic would know it WAS orthopedic surgery; and he who would nibble would know what he was playing with.

"Spinal balance", "general vertebral mechanical correction", "basic technique" with its heel lifting and pelvis raising, are old principles and practices of orthopedic surgery. Orthopedic surgery is the private medical domain of medical principles of orthopedic treatments of pathological effects; in any manner, means, methods, or practices, taking in and including all back and backbone territory. Medical men have NOT overlooked the back, backbone conditions or treatments. They approach same problems and solutions with same ordinary education and understanding that many of our "broad" "liberal" and "progressive" chiropractic salesmen have, viz., certain effects are known, means are established of HOW to treat them with an idea of relieving and palliating them to make case feel better. That salesmen who sell, and Chiropractors who buy, do not know that these NEW "chiropractic" methods are OLD orthopedic surgery, does not change facts.

B.T. is a therapeutical method. Similar to others, it treats effects. It consists largely of: (1) blocking afferent flow of impressions to suppress or kill pain; (2) an orthopedic method of lifting low heels to level off short legs to straighten spinal curves. The best and worst that can be said for both is they both work and DO both, the DOING OF WHICH seemingly "proves" to the average superficial Chiropractor that they accomplish Chiropractic objectives. The opposite is actually true; they deny Chiropractic objectives and prove medical orthopedic objectives.

The coming of salesmen offering "something better than" Chiropractic is not new. D. D. Palmer wrote extensively against those which developed in HIS day.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

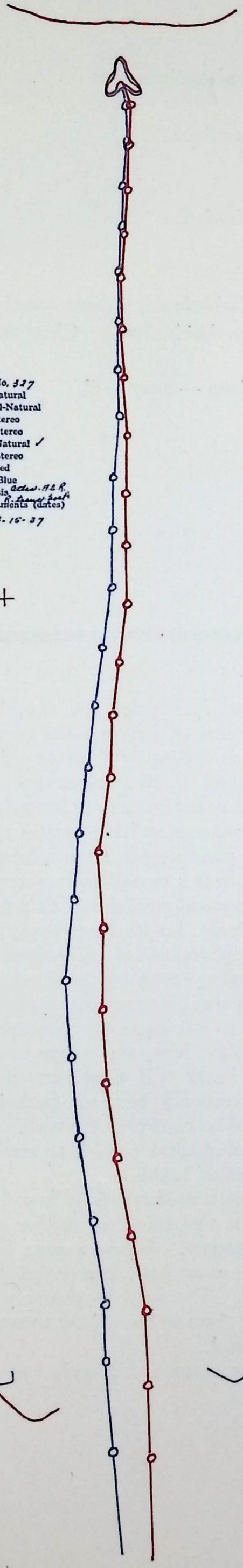
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 4-14-37 Case No. 327
and 5-13-37

Major:

Adjs. given. (Dates)
4-15-37



Case No. 327
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas. A.S.R. R. trans post
Adjustments (dates)
4-15-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

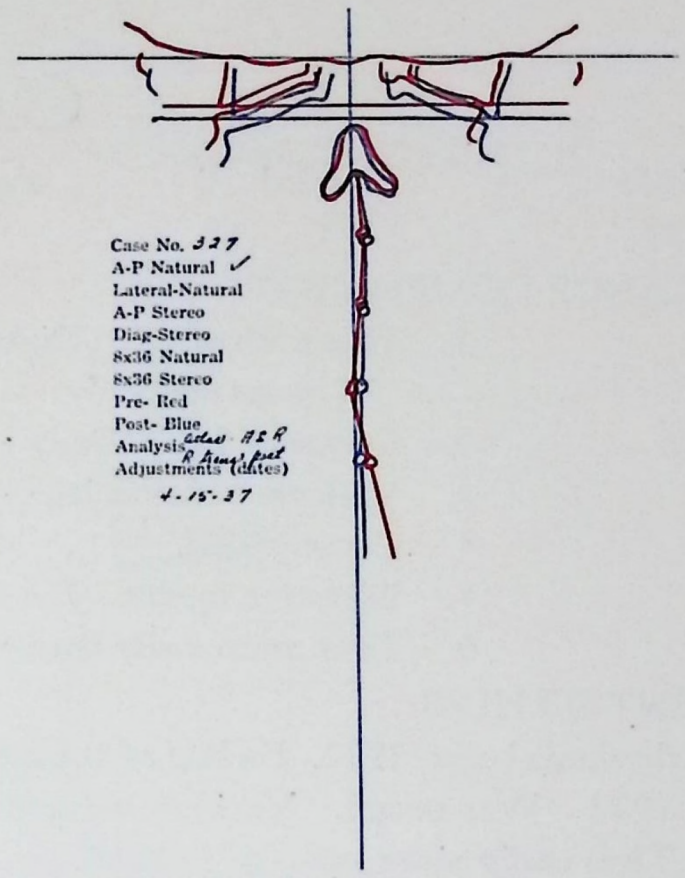
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 4-14-37 Case No. 327
and 5-13-37

Major: ATLAS ASR-R TRANS POST

Adjs. given. (Dates)
4-15-37



Case No. 327
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas A.S.R. R. trans post
Adjustments (dates)
4-15-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

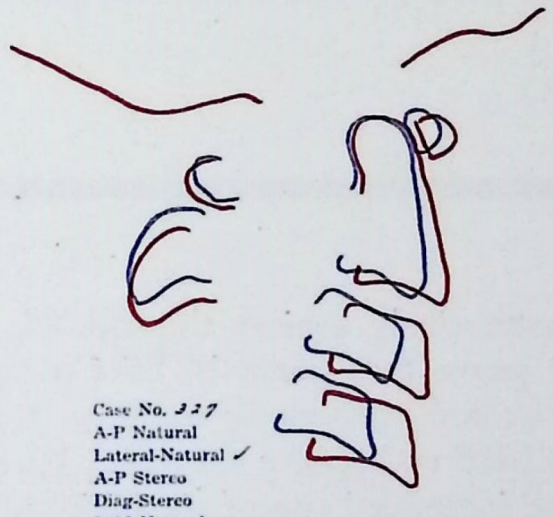
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 4-14-37 Case No. 327
and 5-13-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
4-15-37



Case No. 327
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas A.S.R. R. trans post
Adjustments (dates)
4-15-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

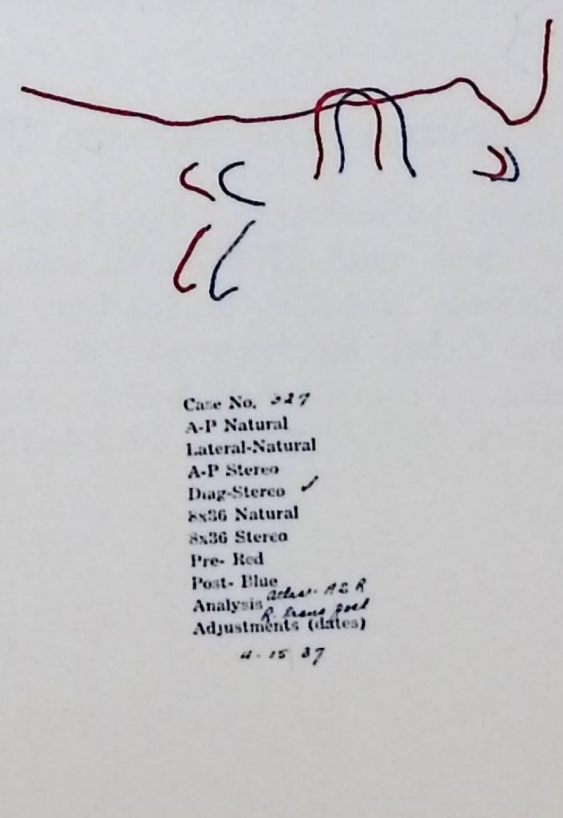
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 4-14-37 Case No. 327
and 5-13-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
4-15-37



Case No. 327
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas A.S.R. R. trans post
Adjustments (dates)
4-15-37

CASE No. 330

Male Married Age 63

4/19/37

ENTRANCE COMPLAINTS:

1. Heart arhythmia (Digestive?) Substernal tension. Starts suddenly and stops suddenly.
2. Edema of legs. Daily — worse at night and clear in mornings.
3. Varicose veins in legs. Left worse. Paraesthesia.
4. Constipation.
5. Digestive upsets. Eyes affected. Gas on stomach. Headache.
6. Tires more easily than he should.

PRESENT ILLNESS:

Arhythmia began 1932. Feeling of constriction, only substernal, precedes arhythmia. Edema noted October, 1932. Was severe. Varicose veins since 1914 — uneventful. Hemorrhoids, 1904. Clear at present. Tires easily since January 1, 1936.

Appetite — too good. Bowels — 2-3 daily. Bladder — Negative. Sleep — very well.

Has done considerable work at night, but stopped this the past year.

Date case entered Clinic: 4/19/37

Date case left Clinic: 4/30/37

Interval, time lapse — 11 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 4/20/37

I have written extensively against those developing in OUR day. To prove they were NOT Chiropractic, D. D. Palmer quoted orthopedic surgery works to prove THEY WERE orthopedic surgery. How many Chiropractors are interested enough in Chiropractic to read his works? Dozens of methods and practices sprung on our profession, 30, 20, 10 years ago, TODAY are orthopedic surgery principles and practices. An orthopedist looks at "Chiropractic" of many "chiropractors" realizing the plagiarism and recognizes his own methods. Why isn't this better known? Because average Chiropractor skims surface of Chiropractic; he knows NOTHING of orthopedic surgery or territory it covers. I commend THE CHIROPRACTIC LIbrary, Vol. IV. In it you find MANY articles on this subject as gleaned from the largest and finest medical library on surgical orthopedic works in the world. After a careful study of those, you can judge accuracy of these statements.

Constant on Feeling. Variable on "Pain"

There is a constant on sensation. People who have NO sensation are those with NORMAL feeling and those with NO feeling. Healthy organs have normal feeling and normal feeling has no sensation. We do not know we have an organ when healthy, for it is balanced in its cycles. When there is NO feeling, we have NO sensation, for cycles are completely unbalanced. The recovery of feeling is the transition between pathological no-feeling of 0 in the climb back to normal no-feeling of 100%. Recovery of feeling anywhere between is noted by pain in ratio as it climbs from 0 to 100%. Innate must have pain as a sensation in recovering from a pathology to know afferently what to do efferently. Pain is a mental interpretation of an abnormal external physical condition. Pain is in mind in brain. Without pain, Innate has no way of knowing what to do at peripheral end of efferent nerve. Pain is proof of understanding between what is not and what should be. To kill pain, by morphine, aspirin, or any drugless method, is to kill necessary condition which helps Innate know what, how, and where to do things necessary to restore health. If there were no pain in the climb towards recovery between pathology and health, there could be no recovery of health. Pain is a necessary internal pathological variable to reach and restore internal constant of health.

If Innate did not receive impressions from body, she would not know what was going on, neither could she build adaptative responses. When a man is healthy and all is well, Innate must have impressions to know, to adopt, and adapt. The road to recovery is pain. Innate must interpret them to know how to reconstruct function back to normal.

Crossing legs is an example. Nerves are squeezed

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

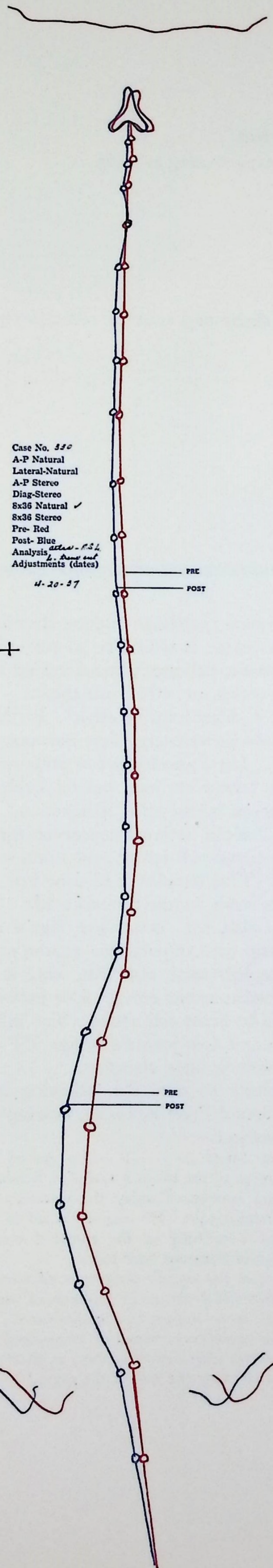
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st date
Blue, 2nd date

Comparative graph between 8x36 film spinographs taken 4-15-37 Case No. 330
and 4-30-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
4-20-37



Case No. 330
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas - A.S.L. L. trans ant
Adjustments (dates)

4-20-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

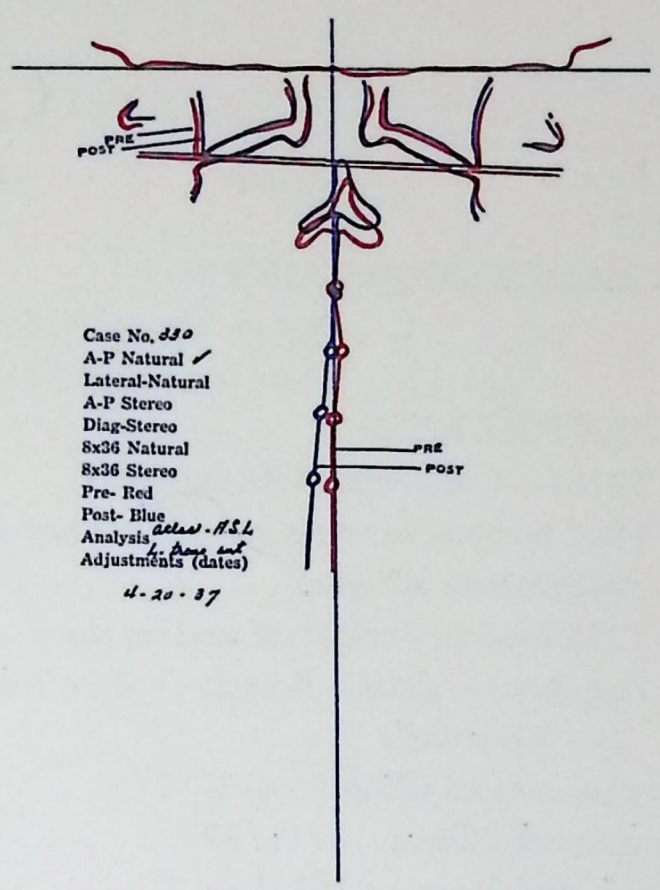
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 4-15-37 Case No. 330
and 4-30-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
4-20-37



Case No. 330
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas - A.S.L. L. trans ant
Adjustments (dates)

4-20-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

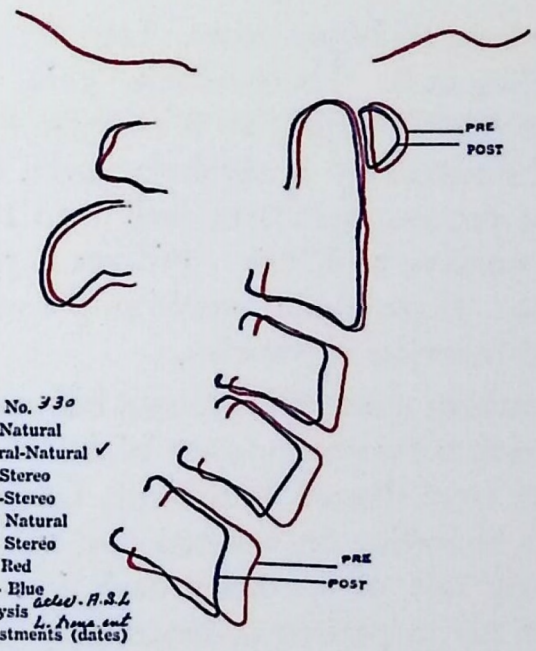
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 4-15-37 Case No. 330
and 4-30-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
4-20-37



Case No. 330
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas - A.S.L. L. trans ant
Adjustments (dates)

4-20-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

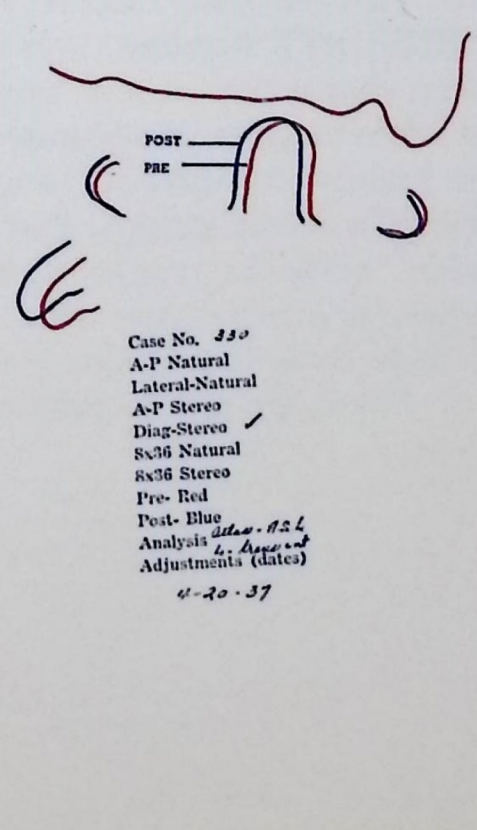
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 4-15-37 Case No. 330
and 4-30-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
4-20-37



Case No. 330
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas - A.S.L. L. trans ant
Adjustments (dates)

4-20-37

CASE No. 331

Female Single Age 63

4/21/37

ENTRANCE COMPLAINTS:

1. Eyes — blurred vision. Diagnosed cataracts insipient.
2. Desire to urinate all the time. Occasional involuntary voiding at night.

PRESENT ILLNESS:

1932 — Cataracts. Glasses fitted.

1927 bumped head on car. Head not clear since.

Astigmatism left eye.

1906 Bladder trouble off and on since.

Appetite — good. Bowels — 2 or 3 daily. Bladder — Constant desire and enuresis occasionally. Sleep — Very well.

Date case entered Clinic: 4/21/37

Date case left Clinic: 1/11/38

Interval, time lapse — 265 days

Analysis: Atlas ASL

Adjustments: 5

Dates: 4/22/37; 5/12/37; 5/18/37; 11/1/37; 12/6/37

---

under one knee and over other. Legs "go to sleep", reducing feeling to 0. There is little "pain" in process of going from 100% feeling to 0. Uncross legs, feeling begins to be restored. It climbs between 0 and 100%, passes thru process from 0 no-feeling to 100% no-feeling; from no flow to 100%. Process is pain, shooting needles, etc. To stop pain would stop a normal process of restored function in muscles.

Chiropractors must discriminate between "pain" on declining side between constant of health and coming of variables from disease, pathology, traumas, etc.; and restoration of feeling on constructive side on inclining side, passing out of variables back into constant of health. So far as patient is concerned, "pain is pain" and he doesn't want it. So far as average Chiropractor is concerned, "pain" is something patient wants to get rid of. As disease grows, patient gets worse, feeling diminishes. He gets an adjustment, disease ungrows, feeling is being restored, a new kind of "pain" begins and grows in ratio until it passes halfway mark in its climb. Patient is quick to complain he is "getting worse", wants to quit, wants to "take something to stop pain", etc. If man could externally strangle flow of internal EFFERENT impulses, between brain and body of another, that would be slow murder. That is what happens when vertebra is subluxated. In healthy man we have healthy AFFERENT impressions with healthy feeling. To slowly strangle that AFFERENT flow, if possible, would be murder to sensation. In sick man, we have sick impressions with "pain" feeling. To slowly strangle those impressions is to prevent life to that extent. Physicians give morphine and sedatives for that purpose.

Modern surgical anesthesia is done chemically. Imagine how impossible it would be to perform modern surgical operations, delicate, painful, taking long time, without chloroform or ether anesthesia. What IS actual action of chloroform or ether? It "blocks" afferent impression nerve energy flow between tissue cell and brain cell. Local anesthesia has same result. Today, injections take place into various levels in spinal cord to anesthetize below point of injection. What IS the action? It "blocks" afferent impression nerve energy flow between tissue cell below and brain cell above, back to brain. That IS what it IS done for. Cocaine, novocaine does same, in and around teeth. There are other methods also, viz., manual or digital anesthesia whereby massage or manipulations around nerves temporarily accomplish same objective, viz., it "blocks" afferent impression nerve energy flow between tissue cell below and to brain cell above. To "kill pain" is to "block" afferent flow for time being. BT does same thing, accomplishing same objective.

It is interesting to note the following news item flashed over United Press 3/23/38, bearing on its relation to this subject:

"Toronto, Ont., March 23 — UP — Dr. Alfred W. Adson, Senior Brain Surgeon of the Mayo Foundation Graduate School, Rochester, Minn., announced today the discovery of a new method of eliminating pain. He was scheduled to discuss the research findings more fully at the sectional convention of American College of Surgeons later today.

" 'By severance of the sensory component of nerves between the centers of pain and brain, or by injection of chemicals into sensory nerves, all sense of pain can be eliminated', Dr. Adson said. He said the operation consisted of 'Separating the sensory components of nerves and destroying them or making them insensible, without affecting the rest of the nerve.'

(Sheet 7)

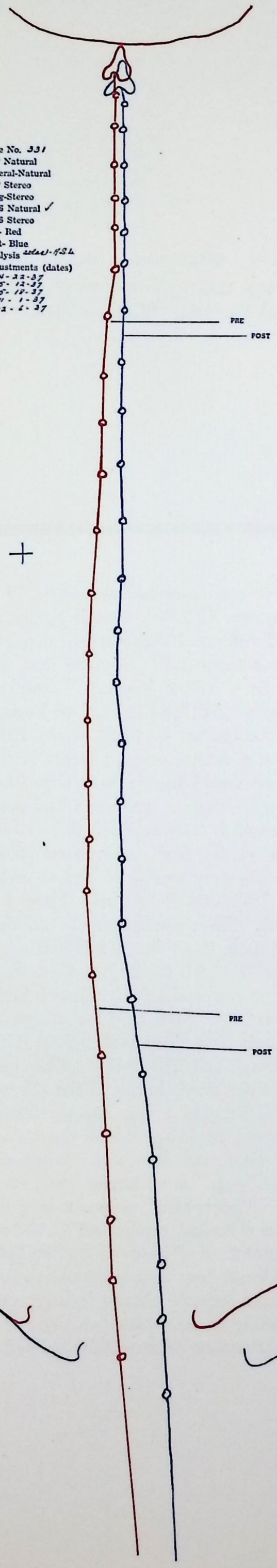
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 4-21-37 Case No. 331
and 1-11-38

Major:
Adjs. given:
(Dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37



Case No. 331
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
Adjustments (dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

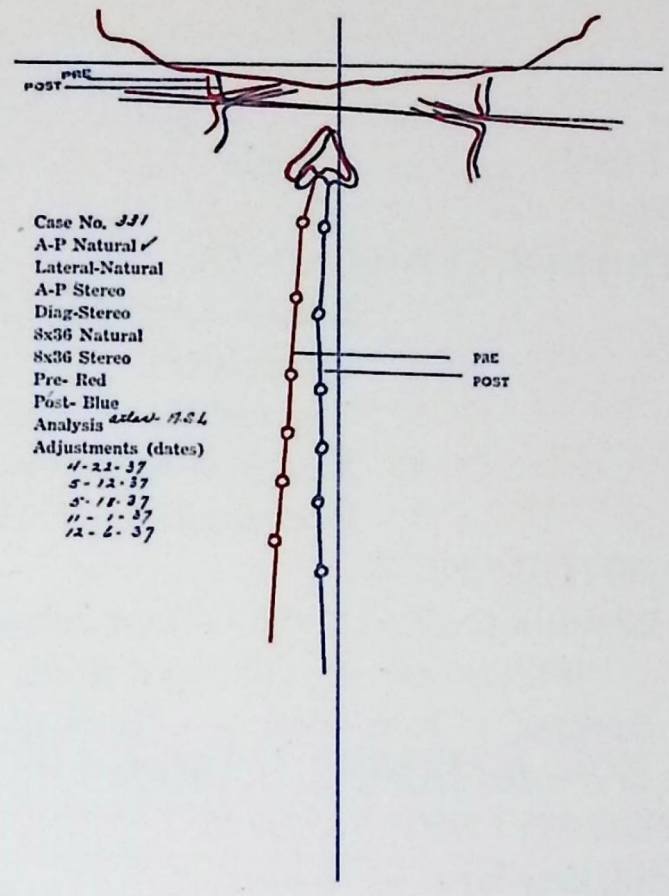
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 4-21-37 Case No. 331
and 1-11-38

Major: ATLAS ASL

Adjs. given:
(Dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37



Case No. 331
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
Adjustments (dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

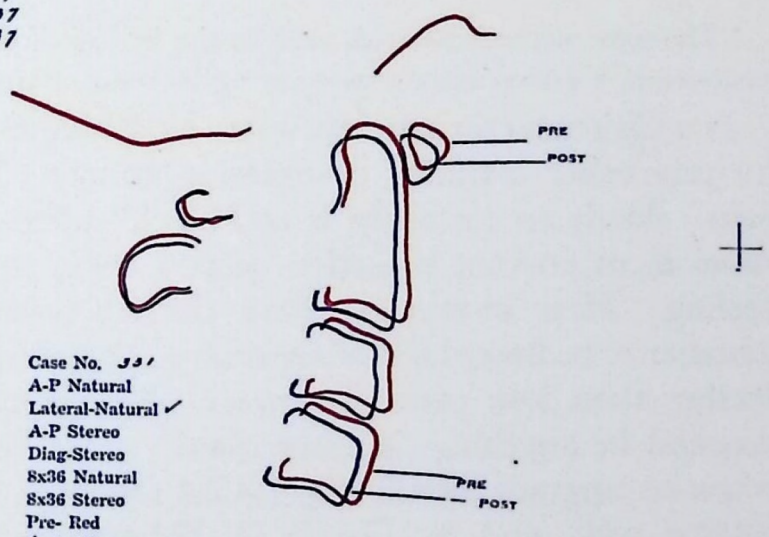
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 4-21-37 Case No. 331
and 1-11-38

Major: ATLAS ASL

Adjs. given:
(Dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37



Case No. 331
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
Adjustments (dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

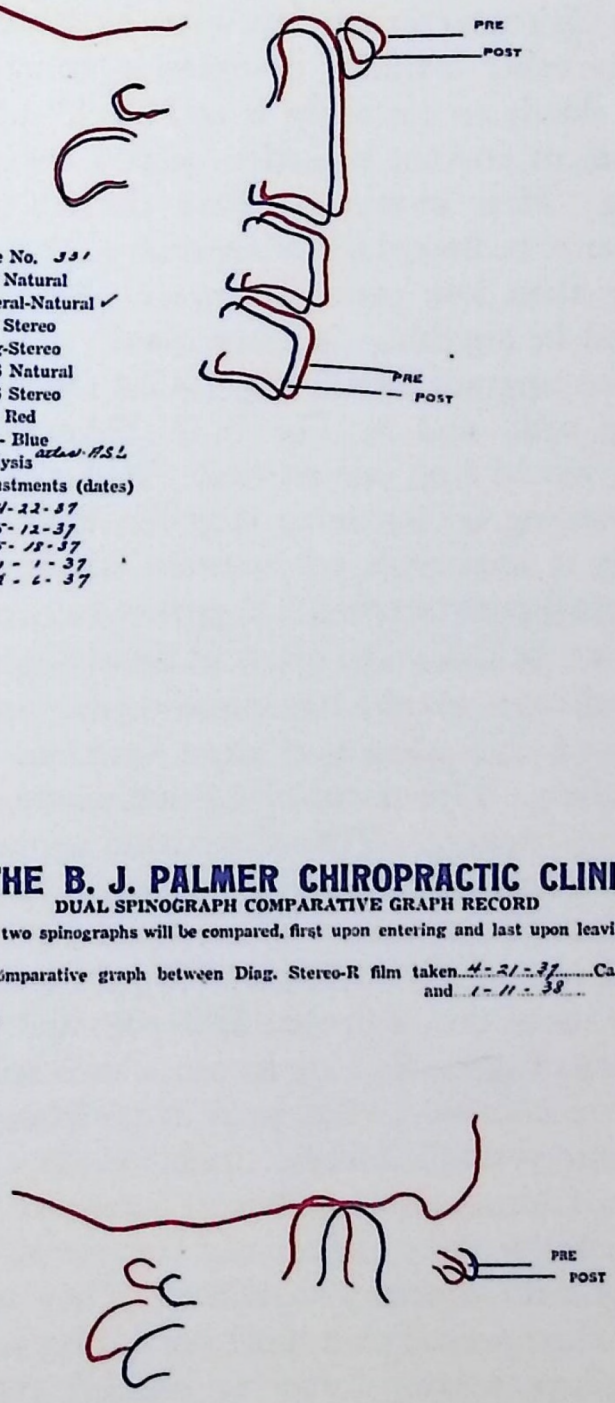
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 4-21-37 Case No. 331
and 1-11-38

Major: ATLAS ASL

Adjs. given:
(Dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37



Case No. 331
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
Adjustments (dates)
4-22-37
5-12-37
5-18-37
11-1-37
12-6-37

CASE No. 341

Female Single Age 23

5/18/37

ENTRANCE COMPLAINTS:

1. Dizziness with loss of balance.
2. Photophobia.
3. Legs feel heavy, especially right lower limb.
4. Motion of hands slow.
5. Occasional enuresis, but improved.

PRESENT ILLNESS:

Began in October, 1933 — Lost balance and right leg became heavy. Recovered. Second attack June, 1934, and has not recovered since. Improved some, but slips back again. Trouble had gradual onset.

Appetite — Fair. Bowels — Enemata only. Bladder — Occasional Enuresis. Sleep — Well.

Date case entered Clinic: 5/18/37

Date case left Clinic: 6/23/37

Interval, time lapse — 36 days

Analysis: Atlas AL — left transverse anterior

Adjustments: 3

Dates: 5/19/37; 6/1/37; 6/18/37

"The new method, he said, enables the killing of the 'feeling' processes of a nerve without destroying its other activities."

Is a Chiropractor any less when he attempts the same by any other artificial or external route? To "stop pain" slowly or instantly is to "block" afferent transmission, to prevent sensation getting thru, to paralyze feeling. How it may be done, doesn't matter much, whether it be basephine or morphine, thumb or needle. Rather than lose patient, average Chiropractor is interested in anything "to stop pain". To "kill pain" when on upgrade would stop NCM readings, stop case getting well, and in The B. J. Palmer Chiropractic Clinic would stop our service. To "stop" restoration of returning feeling is to stop life flowing afferently, making it impossible to continue efficient, competent, accurate health service. If patient wants to practice variables, he can do so better at home than with us.

Recall the simple functional cycle. Afferent impression is equivalent to efferent function. 100% flows from brain. 25% is cut off by subluxation. 75% gets thru to periphery. 75% of function is present, 25% is absent. Impression is 75% feeling, 25% not feeling which travels to brain. There mind interprets it 75% normal feeling, 25% pain. 25% pain is what tells Innate what to do. Kill that 25% pain and you kill 25% recovery of case. So long as function is below "norm", pain is a necessity. Kill pain at periphery of efferent nerve and you kill ability of Innate to get case well. No wonder Chiropractors fail to get cases well because they do not know the constant and because of groping and playing with contrary variables. They suppress pain rather than permit pain until normal function has been restored, permitting Innate to establish the constant.

Is it or is it not essential, necessary, or vital that Innate Intelligence KNOW what is going on in tissue cell to build Intellectual Adaptation to meet and care for exigencies at tissue cell? Suppose iron was hot and you touched it. What happens? Impressions are picked up; travel AFFERENTLY to brain; mind interprets them, impulses are sent down EFFERENTLY; a responsive action occurs; finger is jerked from hot iron. How could Innate have done this WITHOUT knowing? Suppose you ate a bad oyster. How could Innate expel it from stomach unless she interpreted impressions coming from stomach via afferent fibres? We frankly admit necessity of Innate receiving, interpreting and KNOWING these things in NORMAL conditions. Is it reasonable or unreasonable to assume that Innate needs know MORE what is going on with ABNORMAL conditions that she can adapt efferent flows to necessities of afferent knowledge of dis-ease? How CAN SHE KNOW except as mind interprets impressions received as they flow AFFERENTLY FROM tissue cell TO brain? Can Innate know 100% of what she needs know, if the afferent flow IS REDUCED? Suppose a case has tic douloureux, an efferent abnormal function, which occasions "PAIN" flowing from tissue cell to brain. Suppose morphine is injected and "pain" is no longer felt. WHAT subsided "pain"? "Morphine" does not stop "pain", but morphine as a chemical compound CAN and DOES BLOCK afferent flow of impressions FROM tissue cell TO brain; reduced flow of impressions from tissue cell to brain; reduced sense of normal feeling; reduced sense of normal feeling is equivalent to increased sense of "pain" in exact reverse ratio. If there ARE subnormal

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st xray, Blue, 2nd xray

Comparative graph between 8x36 film spinographs taken 5-18-37 Case No. 341

and 6-23-37

Major: atlas A-L-L Trans. ant

Adjs. given: (Dates)
5-19-37
6-1-37
6-18-37

Case No. 341
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A-L L. transv. ant
Adjustments (dates)
5-19-37
6-1-37
6-18-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

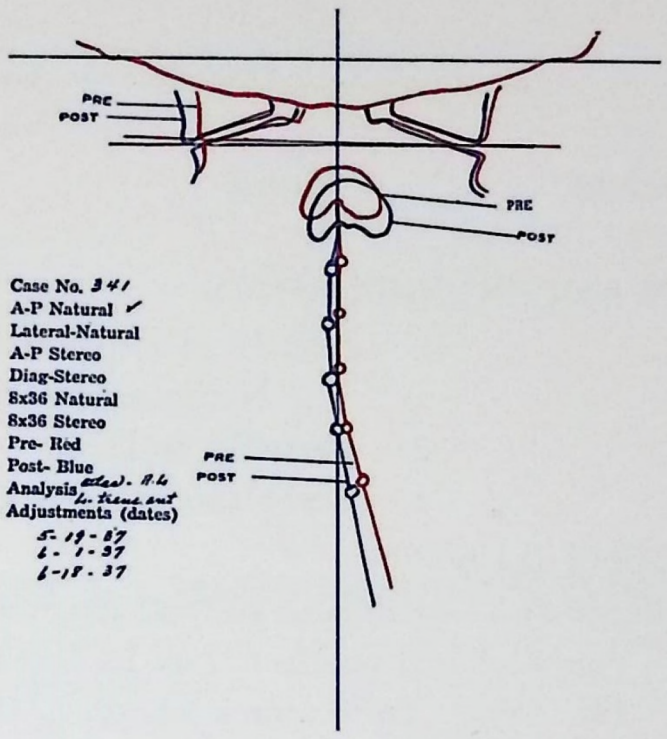
Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 5-18-37 Case No. 341

and 6-23-37

Major: atlas A-L-L Trans. ant.

Adjs. given: (Dates)
5-19-37
6-1-37
6-18-37



Case No. 341
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A-L L. transv. ant
Adjustments (dates)
5-19-37
6-1-37
6-18-37

(Sheet 3)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

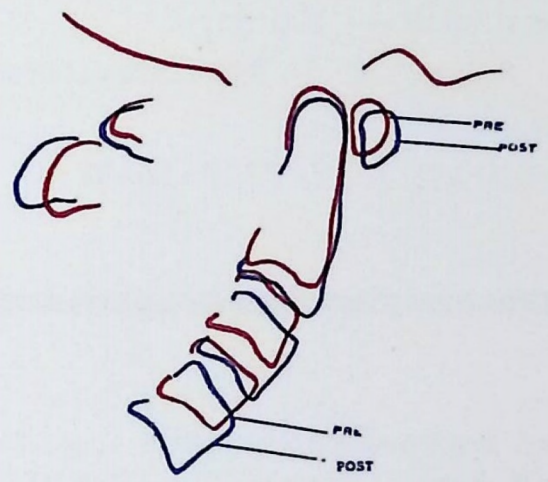
Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 5-18-37 Case No. 341

and 6-23-37

Major: atlas A-L-L Trans. ant

Adjs. given: (Dates)
5-19-37
6-1-37
6-18-37



Case No. 341
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A-L L. transv. ant
Adjustments (dates)
5-19-37
6-1-37
6-18-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

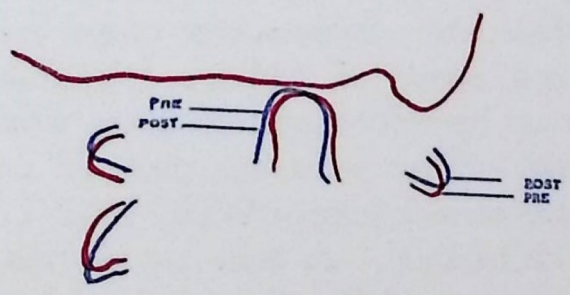
Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 5-18-37 Case No. 341

and 6-23-37

Major: atlas A-L-L Trans. ant

Adjs. given: (Dates)
5-19-37
6-1-37
6-18-37



Case No. 341
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A-L L. transv. ant
Adjustments (dates)
5-19-37
6-1-37
6-18-37

CASE No. 352

Child Female Age 6

6/28/37

ENTRANCE COMPLAINTS:

1. Attacks of convulsion — usually right sided with temporary paralysis. Nocturnal attacks with muscular rigidity.
2. Mentally declined.
3. Complains of teeth paining at times before the spells.

PRESENT ILLNESS:

Began at 18 months of age and diagnosed Acute Encephalitis. Very high temperature 106°. Severe for one week and unable to talk for one month. Second attack September, 1936 with temperature. Lasted two days. Third attack March 1, 1937. Temperature 107°. Scarlet broke out within six days. Patient extremely nervous with temper tantrums and began having spells at once. Spells have continued off and on since and are becoming more frequent and more severe. Mentally declining and actions are different from other children and doesn't respond as readily.

Appetite — Spasmodic. Bowels — 1-2 daily. Bladder — Negative. Sleep — restless at times.

Date case entered Clinic: 6/28/37

Date case left Clinic: 10/13/37

Interval, time lapse — 106 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 3

Dates: 6/29/37; 7/27/37; 9/16/37

quantities of impressions afferently from tissue cell TO BRAIN cell, how is Innate TO KNOW what to do, how to do it, or how much to do? Is it good policy, or bad policy, to BLOCK afferent impressions, assuming they can be blocked by this or that injection or treatment? Admitting that Innate MUST know, what matters it whether afferent "blocking" be done by a chemical, digital manipulation, compression upon nerves or other therapeutical treatment?

Are these methods dangerous, harmful? Morphine "to kill pain" is not harmful except that the desire "to kill pain", day after day, demands that case HAVE morphine day after day "to kill pain" day after day. This develops the "morphine habit" where morphine becomes a necessity. Continued use of morphine deadens and benumbs sense of feeling, a growing mental stupefaction exists, clarity and sharpness of intellect gradually fade, etc. Same is true of any method which "blocks" out sense of feeling. Whether they are dangerous or harmful depends upon what you need have to exist or live with, for there IS a marked difference between sick people WHO EXIST and healthy people WHO LIVE. A man has neuritis in his arm. He wants to get rid "of the pain" of neuritis. It is simple "to block off" afferent transmission. Now he has no pain. That was what he WANTED TO GET RID OF. In addition to "getting rid of pain", he has benumbed and stupefied his keen sense of feeling. If he is willing to pay THAT price "to get rid of pain" then that is what he has done.

"Blocking Pain" is Medical

IF objective is to "block" pain, here is a simple but practical method. It needs no special trained practitioner, no special table upon which to lie, no special course in education. Find *a tender* spot between apex of sacrum, on either side, between it and pelvis, stridulate this spot lightly, "with the strength sufficient to crush a gooseberry", until ALL "tenderness" is gone. This can be done walking, standing up, lying down, in the theater or at home. Absence of tenderness proves you have thoroly "blocked" all feeling. Continue this process, day after day, and it will be but a question of time until Innate will not know what to do, or how much of it to do, at periphery of efferent nerves. As a result, muscles will PROLAPSE. The ONLY function is contraction. When muscles are contractured it is presence of an excess of function. When Innate cannot adapt, contractured muscles will prolapse. After contractured muscles HAVE prolapsed, then curves pathologically existing artificially establish their equilibrium and curves that existed before are now gone. They will not be permanently gone because atlas subluxation as their cause still exists.

The primary principle of Chiropractic is that a verte-

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

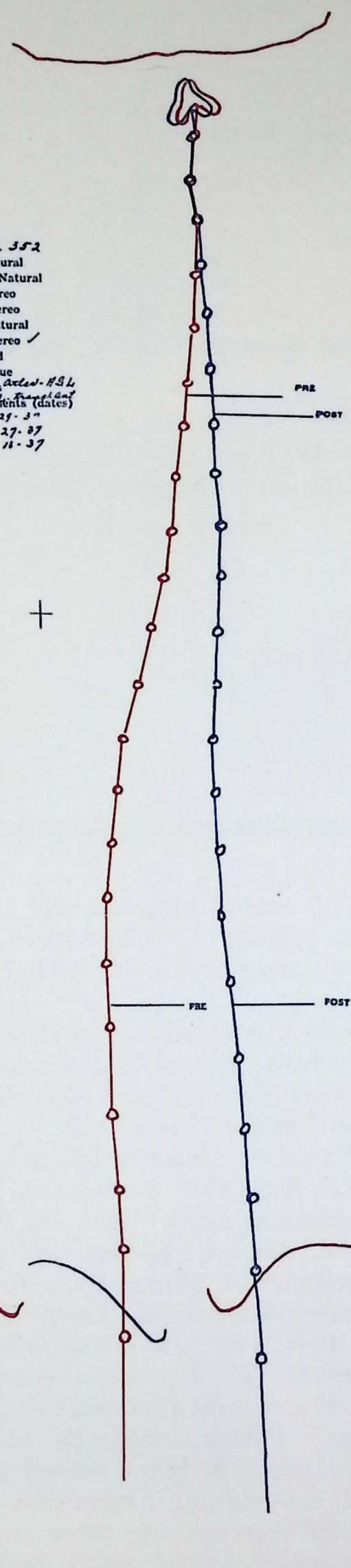
Red, 1st Sitting
Blue, 2nd Sitting

Comparative graph between 8x36 film spinographs taken 6-29-37 Case No. 352
and 10-13-37

Major: **

Adjs. given: (Dates)

6-29-37
7-27-37
9-16-37



Case No. 352
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Atlas-ASL
L. Transv. Sat
Adjustments (dates)
6-29-37
7-27-37
9-16-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

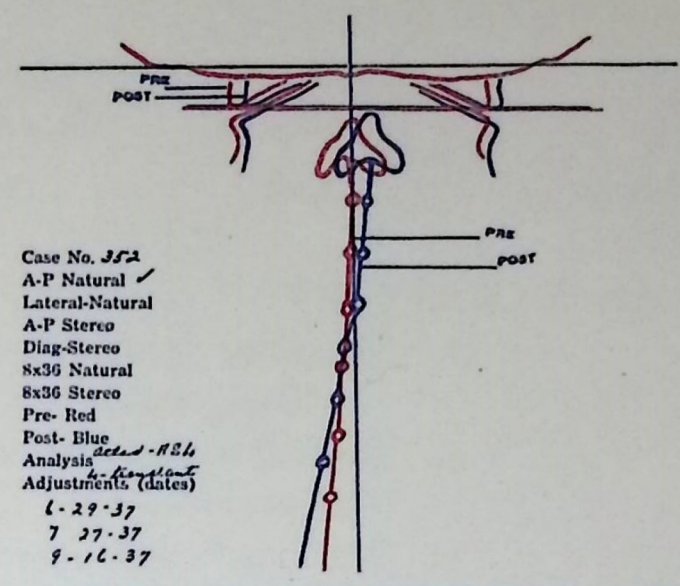
Comparative graph between A-P Nat. spinographs taken 6-29-37 Case No. 352
and 10-13-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)

6-29-37
7-27-37
9-16-37



Case No. 352
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis dotted-ASL
L. Transv. Sat
Adjustments (dates)
6-29-37
7-27-37
9-16-37

(Sheet 5).

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

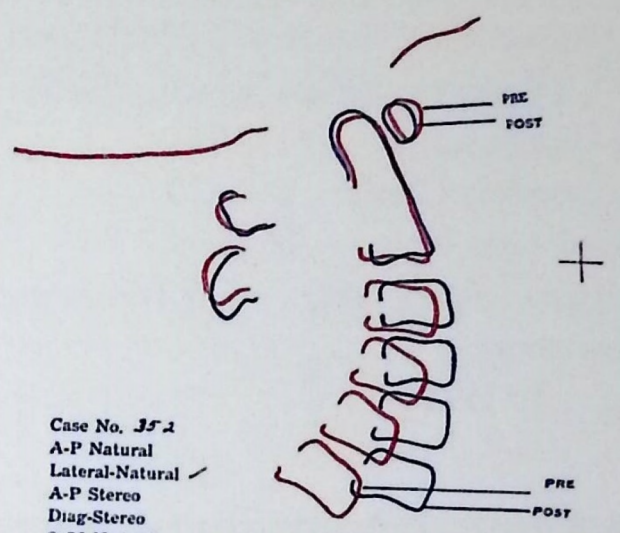
Comparative graph between Lat. Nat. spinographs taken 6-29-37. Case No. 352
and 10-13-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)

6-29-37
7-27-37
9-16-37



Case No. 352
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
L. Transv. Sat
Adjustments (dates)
6-29-37
7-27-37
9-16-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

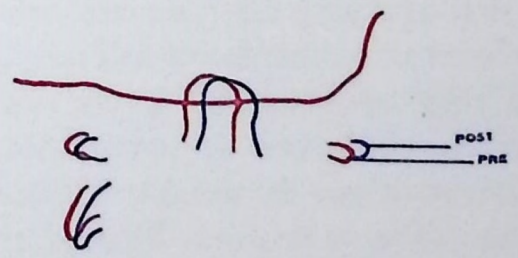
Comparative graph between Diag Stereo-R film taken 6-29-37 Case No 352
and 10-13-37

Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)

6-29-37
7-27-37
9-16-37



Case No. 352
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
L. Transv. Sat
Adjustments (dates)
6-29-37
7-27-37
9-16-37

CASE No. 359

Female Widow Age 60

7/17/37

ENTRANCE COMPLAINTS:

1. Unable to eat solid food because of pain in stomach and gas. (Indigestion)
2. Headaches with pain and tenderness in occiput.
3. Very nervous.
4. Weak spells with cyanosis.
5. Numbness in hands and feet.
6. Patient has a feeling that something is growing in the stomach.

PRESENT ILLNESS:

Several previous attacks of soreness in neck, but present illness began about July 1, 1937. Weak spells with cyanosis have occurred previously, but worse since July 1, 1937.

Appetite — Hungers but little food satisfies. Bowels — 1 daily. Bladder — Negative. Sleep — Disturbed by worries about herself, chiefly.

Date case entered: 7/17/37

Date case left Clinic: 8/2/37

Interval, time lapse — 16 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 1

Dates: 9/19/37

bral subluxation reduces quantity flow of energy which slows up tissue cell action which produces disease. The fundamental behind Chiropractic is TO RELEASE imprisoned impulse. RESTORE its flow, INCREASE its reduced quantity, to increase tissue cell action, to rebuild health. How much Chiropractic would it be IF you increase subluxation, make pressure worse, further reduce flow of energy, and make dis-ease worse? How much is it applying Chiropractic to do on afferent nerve of cycle what an increased subluxation would and does do on efferent nerve of cycle, viz., REDUCE quantity flow? Suppose it were possible to INCREASE subluxation, it would REDUCE quantity flow and make dis-ease worse. Would any Chiropractor take pride in claiming to be able to inject morphine to block; thereby REDUCING afferent flow? Why should ANY Chiropractor pride himself on BLOCKING efferent OR afferent flow between tissue cell and brain cell? Dis-ease is brot about by DEcrease flow on EFferent side? Lack of normal feeling, or pain feeling, is brot about by DEcrease flow on AFferent side. Health is brought about by an INcrease on BOTH sides. I know "chiropractors" who practice a PRINCIPLE of INcreasing on efferent side and a theory of DEcreasing on afferent side simultaneously. Chiropractic rests on principle and practice of INcreasing on BOTH sides.

Pain is mental interpretation, at epipheral end of afferent nerve of necessities at peripheral end of efferent nerve. Pain is mental understanding of physical requirements in pathway of cycle of energy. Pain is Innate's mental comprehension of physical lacking function at tissue cell.

It is necessary, essential, and vital that Innate get impressions, whether normal OR pain, to interpret and be able to know needs and necessities of physical requirements of function at tissue cell.

It is easy to ease, deaden or kill pain. It is done medically with drugs given many ways. It is done by drugless practitioners many ways. My father had the most practical, simplest, quickest, and most positive method of "killing pain", anywhere, within the body, I have ever known or seen used. I know it. I never use it. I refuse to be a party to killing pain in cases that are on the climb. The laborious and tedious thing is to restore feeling and get Chiropractors to understand that constant. I have consistently labored to RESTORE sensation from below normal up to normal feeling which is no-feeling. I know case wants "to get rid of pain", but there are other things more important, viz., restoration of normal 100% feeling function. Health cannot be restored without going thru process of pain. Any Chiropractor who persists in "killing pain," no matter how, makes it impossible for Innate to know how to get that case well. No wonder Chiropractors grope for constants, have it, and spend money to kick it out of commission.

Cases and physicians have been trained to think, be-

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

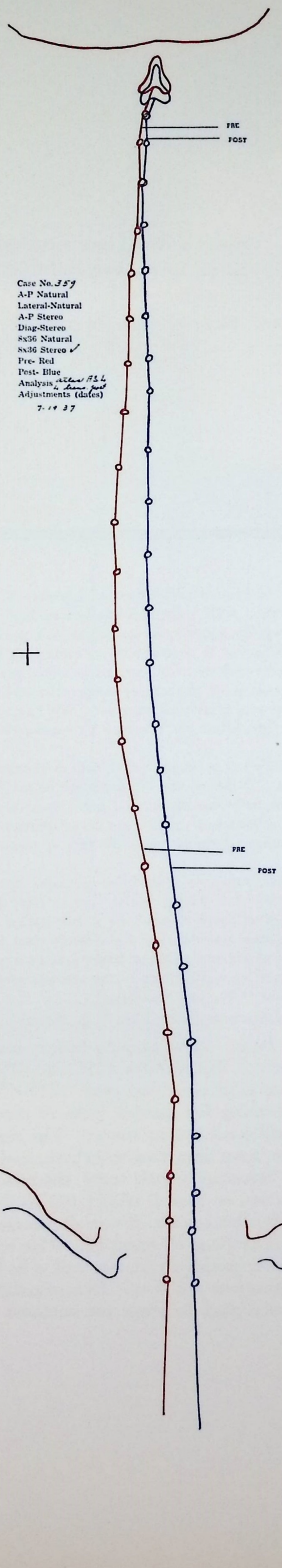
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, for Pedi. Blue, for Ana.

Comparative graph between 8x36 film spinographs taken....2-17-37..... Case No. 359.....
and....5-2-37.....

Major

Adjs. given (Dates)
7-15-37



Case No. 359
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas ASL L trans post
Adjustments (dates)
7-14-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

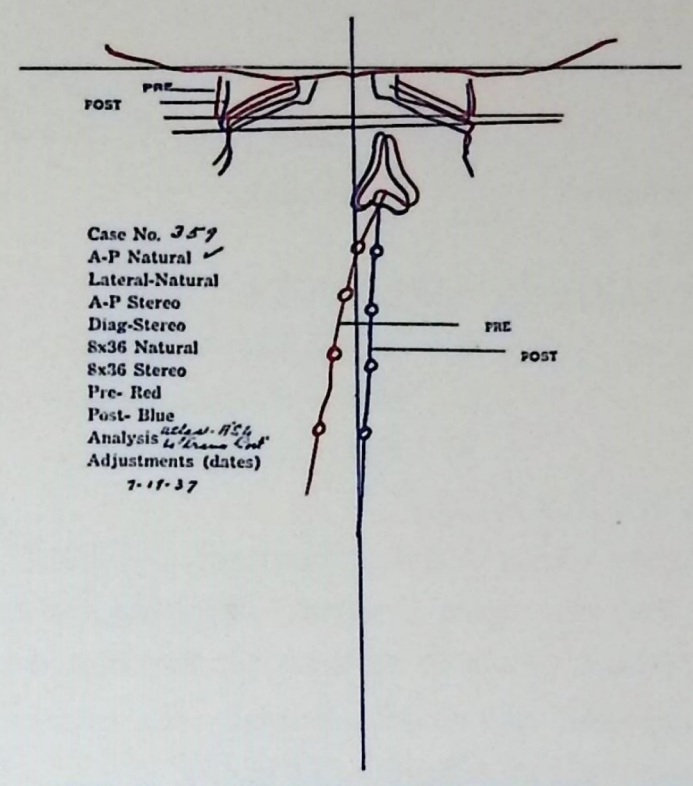
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken....7-12-37.....Case No. 359
and....8-2-37.....

Major: ATLAS ASL-L TRANS POST

Adjs. given: (Dates)
7-14-37



Case No. 359
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L trans post
Adjustments (dates)
7-11-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

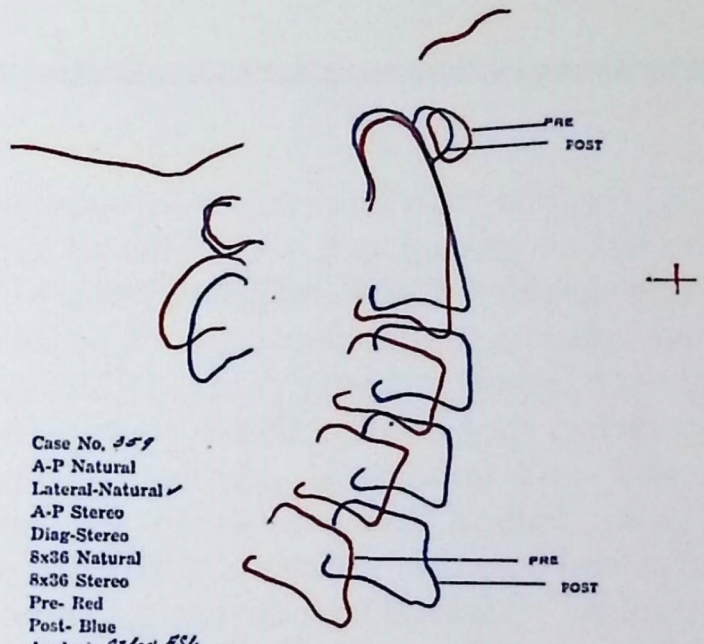
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken....7-12-37.....Case No. 359
and....8-2-37.....

Major: ATLAS ASL-L TRANS POST

Adjs. given: (Dates)
7-15-37



Case No. 359
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L trans post
Adjustments (dates)
7-15-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

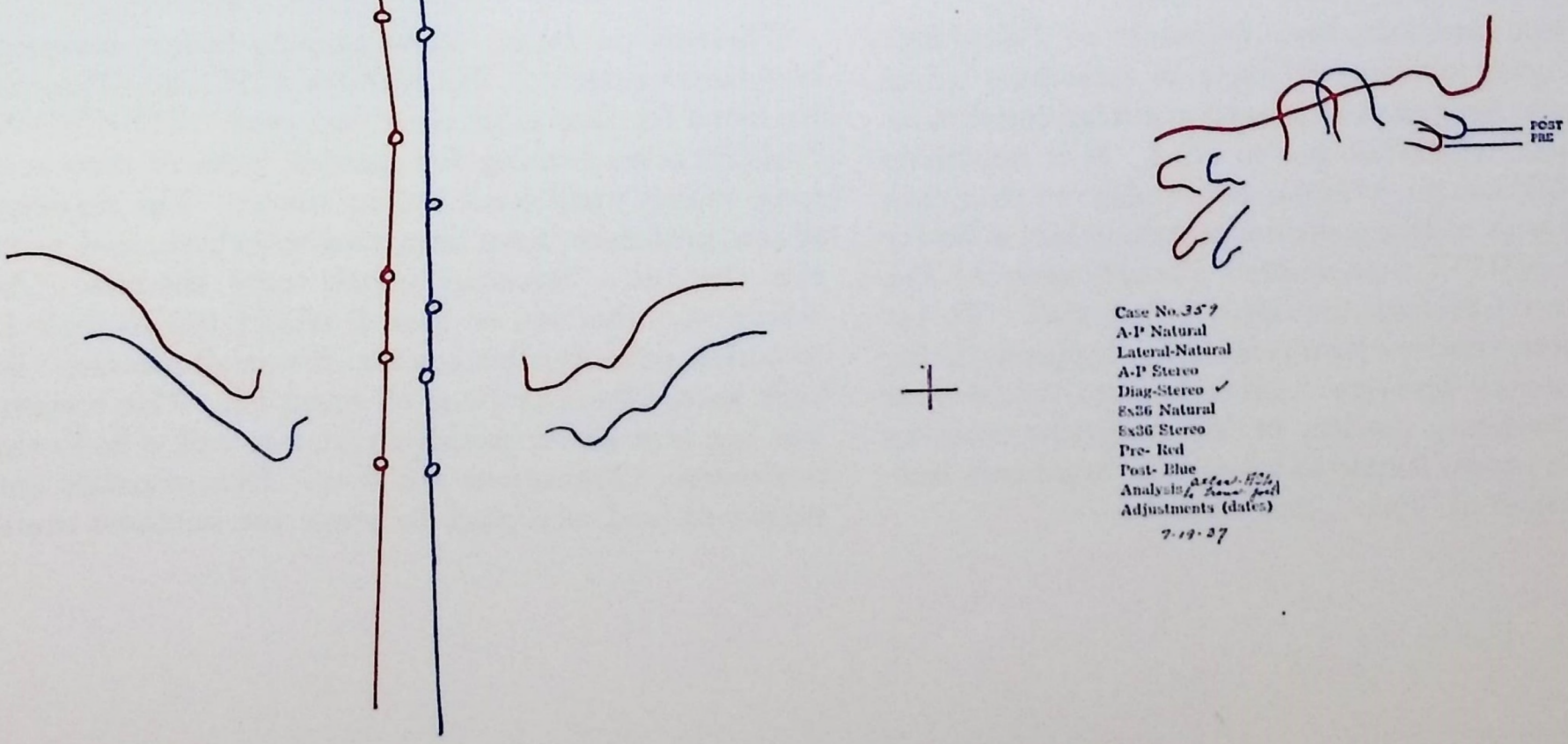
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken....7-12-37.....Case No. 359
and....8-2-37.....

Major: ATLAS ASL-L TRANS POST

Adjs. given: (Dates)
7-15-37



Case No. 359
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L trans post
Adjustments (dates)
7-14-37

CASE No. 362

Female Married Age 49

7/26/37

ENTRANCE COMPLAINTS:

1. Right ear — stuffed.
2. Pain — frontal and over maxillae.
3. Refraction corrected.

PRESENT ILLNESS:

Acute Otitis Media, February 10, 1936. Opened and pus drained. Opened a second time one week later and pus again drained. Hearing has returned, but head feels stuffy and ear feels drawn and tightness at times. Patient feels no air through the Eustachian tube.

Appetite, decreased. Bowels, one every other day. Bladder, negative. Sleep — wakened by pain.

Date case entered Clinic: 7/26/37

Date case left Clinic: 8/9/37

Interval, time lapse — 14 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 7/27/37

---

lieve in, use, and treat declining pain variables. When getting sick or getting well, they think all are the same declining variables. Cases and physicians are not trained to think constants, so neither think of necessity of restoration of feeling inclining pain. When cases go to Chiropractor, they expect variable treatments stopping pain, and can't understand why he prefers constants with pain. Path of least resistance is for Chiropractor to agree and practice variables. "If they want pain killed, kill it." Medical men did not get them well with pain-killing variables, neither can Chiropractor. Only judicious use of a constant can. In The B. J. Palmer Chiropractic Clinic we deny all variables and affirm the constant.

Average Chiropractor, notwithstanding his education, is like average physician — quick to find what case wants and endeavor to gratify it. Because average Chiropractor plays with variables which ease pain, patient is delayed, prolonged, and perhaps never does get well. He is relieved. Physicians do as much.

With two methods here described of "blocking" pain and using osteopathic move of stretching spinal columns, you have at your command everything that so-called "basic" technique has to offer. It is something ANYBODY can do, at home, on members of their own family without calling a doctor or paying him a fee for doing. It is JUST that simple! Patients come to The B. J. Palmer Chiropractic Clinic to get well. To get well requires whatever pain is necessary by Innate going thru process of recovery. Nobody here will do one thing to suppress, deaden, or kill necessary recovery pain. We permit Innate to know pain to get case well.

On question of "Pain", Adrian says:

"This question of *central summation* of impulses will come up later in connection with pain; it is introduced here because it shows *that a rapidly adapting sense organ may go hand in hand with a rapid decline in central activity* after each impulse, but it has to be admitted that the association is not universal."

"There is one problem of the sensory mechanism which has a medical as well as a physiological interest. We have come to realize nowadays that, *although pain may be a valuable danger signal* —".

"On the whole then it is unlikely that pain is always due to specific pain fibres. It may be nearer the mark to say *that the sensation produced by nerve fibres of a given type becomes a closer and closer approach to pure pain in proportion of the slowness of conduction of the fibre and the lack of sensitivity in the end organ.*"

"Both touch and pain *are evoked by messages* which are made up of brief impulses which cannot vary in size; thus *the intensity of the effect must depend on a summation of the changes caused by each impulse.* Is it not likely then that the different character of the sensations of touch and pain may depend, partly at least, *on a difference in the amount of summation which can occur in the two pathways?*"

("Mechanism of Nervous Action", by E. D. Adrian).

Theories vs. facts. How easy to believe theories, how hard to research TO KNOW FACTS. Theories are taken for face value sight unproven. TO KNOW FACTS takes nothing for granted, puts all thru acid tests, makes itself work before stated. The majority of our profession have been taught, believe, and practice theories. Salesmen prattle new theories. As others offer theories, so have I offered 100 to their 1. In earlier years in Chiropractic, it was all theories. In later years Chiropractic is all scientific. This reversal was not brot about quickly in us, nor will it be in the profession. Transitions are slow. It necessitates one person to lead, one place to prove the scientific trans-

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

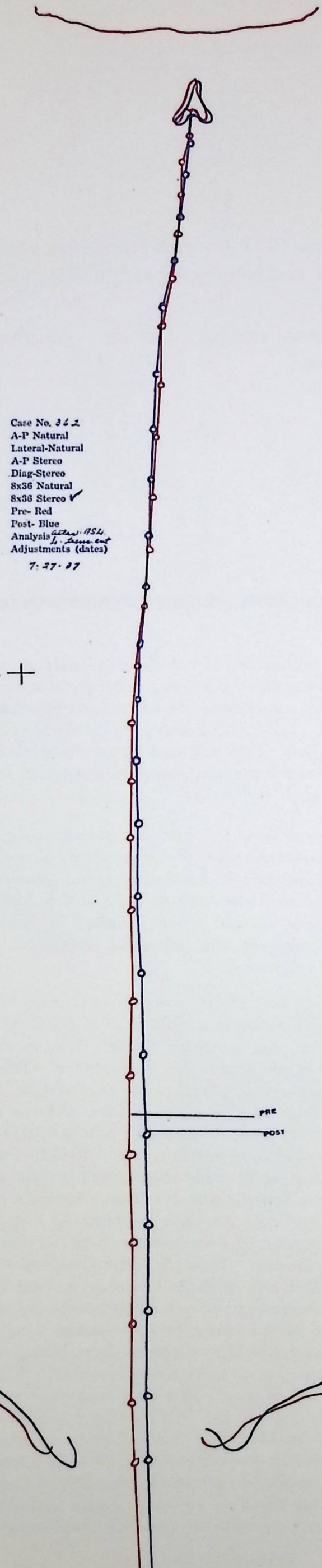
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 7-26-37 Case No. 362
R. 57648 and 6-7-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
7-27-37



Case No. 362
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas ASL L. transverse
Adjustments (dates)
7-27-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

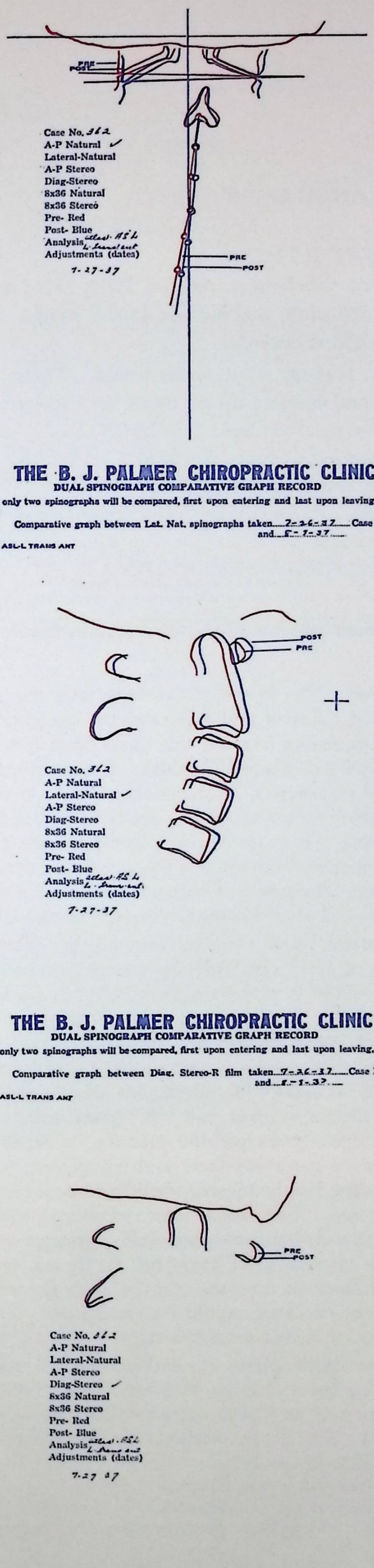
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 7-26-37 Case No. 362
and 8-7-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
7-27-37



Case No. 362
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. transverse
Adjustments (dates)
7-27-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 2-26-37 Case No. 362
and 8-7-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
7-27-37

Case No. 362
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. transverse
Adjustments (dates)
7-27-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 7-26-37 Case No. 362
and 8-7-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given: (Dates)
7-27-37

Case No. 362
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL L. transverse
Adjustments (dates)
7-27-37

CASE No. 364

Male Married Age 60

7/26/37

ENTRANCE COMPLAINTS:

1. Diabetes Mellitus.

PRESENT ILLNESS:

Discovered sugar, August, 1936. Had not been well since car accident 1935 — with loss of weight and influenza, and has not gained weight. Appetite excessive for a time, and large quantities of urine passed. Thirst excessive.

At present, Appetite decreased. Thirst, plus. Urine slightly over normal amount. Bowels — constipated and enemata used. Sleep, "not too well". Wakens often and dreams.

Date case entered Clinic: 7/26/37

Date case left Clinic: 8/10/37

Interval, time lapse — 15 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 7/28/37

---

formation. The fact that we were once the accepted source of theories and are now the accepted source of science, makes us more able to contrast and differentiate relative comparative values. Having lived long in the land of theories, we recognize them and their fallacies which forces us now to better recognize the need for science. It takes a magician to see the tricks of magic. Just so does it take a theorist to see the fallacies of theory. Perhaps that is the best reason for the complete reversal of policy in the research of this Clinic.

No matter how true the principle or effective the practice of HIO atlas side-slip wedge vertebral adjustment would be in permitting NATURAL correction of adaptative or compensatory curves, IF Chiropractor could not give a competent, accurate, and efficient adjustment, then results would not and could not be attained in his cases. He justifies his alibi in proclaiming HIO principle in error and HIO practice defective of results. Same principle and practice, in hands of one equipped to ascertain facts and competent, accurate, and efficient in adjustment, would and could secure results desired. The failing Chiropractor as well as patient naturally seek strange fields, greener pastures, methods easy to give, even tho treatment were less effective than an adjustment. To such failures, HIO adjustment of cause would be wrong and "lift" heel treatment of curves would be right.

We herewith quote, at random, certain sections of notes taken in a class re so-called "Basic Technique". It merely acts as a substantiation that the work is as stated and is in accord with claims they make:

"How *to break up* ankylosis

"How long will it take? From 1-10-20 days

"How to break up. 1. Adjusting. 2. Heel lift.

"*Caution.* Make haste slowly in using lift. Begin with not more than 40% of leg deficiency. Preferably begin by a lift of 1/8". *Have patient walk in vigorous manner for several miles,* return next day. *Try adjusting again.* If not yet sufficient, try another small lift. (1/8" or 1/16" not over 1/4"). *Continue until ankylosis is broken up.* This will correct ankylosis of Sacro-Iliac and the vertebral column also removing strain will remove necessity of ankylosis."

"1. Details of use of lifts: In sacro, iliac ankylosis, *if proper adjustment does not remove pain,* etc., then ankylosis at S.I. is evident. Put lift under side of ankylosis. *Have patient walk three to six miles and return to office* next day. *Try adjusting.* If no results, add more lift and repeat walking. *If necessary continue* lifting *and walking* until adjusting is effective. *Use shot gun contact* in ankylosis S. I."

"Thoracic Ankylosis, and effects on weight changes.

"The ankylosed area moves as a unit or as if one long bone due to the fixation of the vertebrae below. You move the ankylosed areas as a whole to one side or the other. This will be manifested in symptomatic effects or unusual weight effects or both. *Close attention must be given in order to know when this occurs. Some effects great soreness and pain thru shoulders and neck, even fever, and confinement to bed.* Weight changes may be abruptly, too great to either side or will not change at all. Lifts should never be used with the idea of breaking down thoracic ankylosis. You may use them, however, to help overcome any adverse symptoms of a too sudden change in that area before ankylosis is over-come. Example: Supposing adjustment was being used on left side with 2nd lumbar as base to be leveled, (always remembering you are straightening the spine, above the foundation of the lowest freely movable vertebrae.) As you level this foundation the vertebrae above (being ankylosed) are trying, as a unit, to move toward normal. We will assume a right curve is present. This will result in a marked shifting of the whole area to the left, causing acute subluxation at either end of ankylosis and marked strain on attached muscles. Also a probable marked shifting of weight back to the high side or no weight change at all after the adjustment. In order to correct this effect an adjustment may be given on opposite side of contact in effort to raise, the foundation side

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

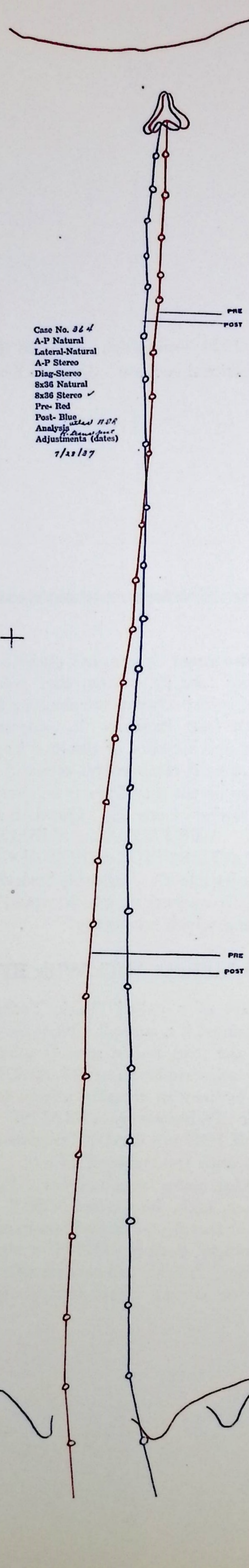
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 film, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 7-27-37 Case No. 364
R. STEREO and 8-10-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
7-28-37



Case No. 364
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Atlas ASR
R. Transl. Post
Adjustments (dates)
7/28/37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

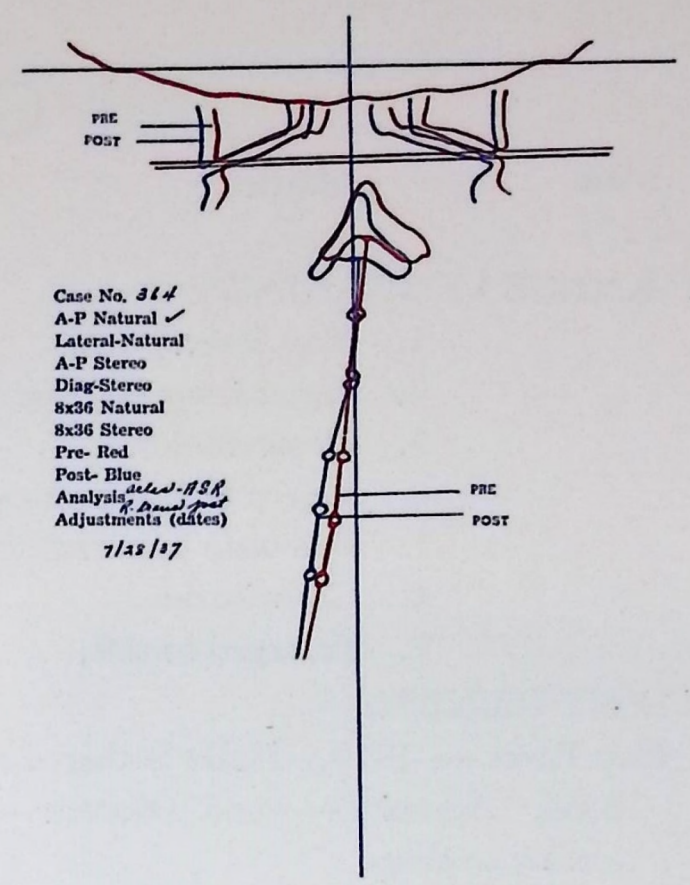
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 7-26-37 Case No. 364
and 8-10-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
7-28-37



Case No. 364
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R. Transl. Post
Adjustments (dates)
7/28/37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

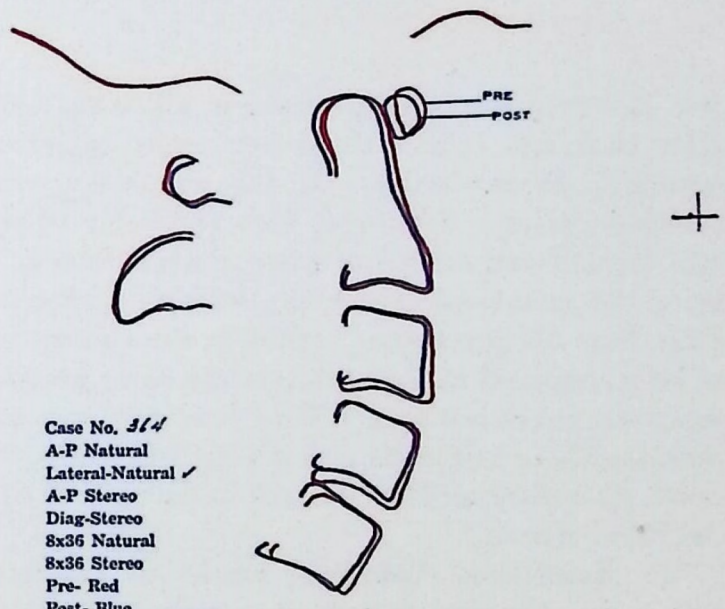
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 7-27-37 Case No. 364
and 8-10-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
7-28-37



Case No. 364
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R. Transl. Post
Adjustments (dates)
7/28/37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

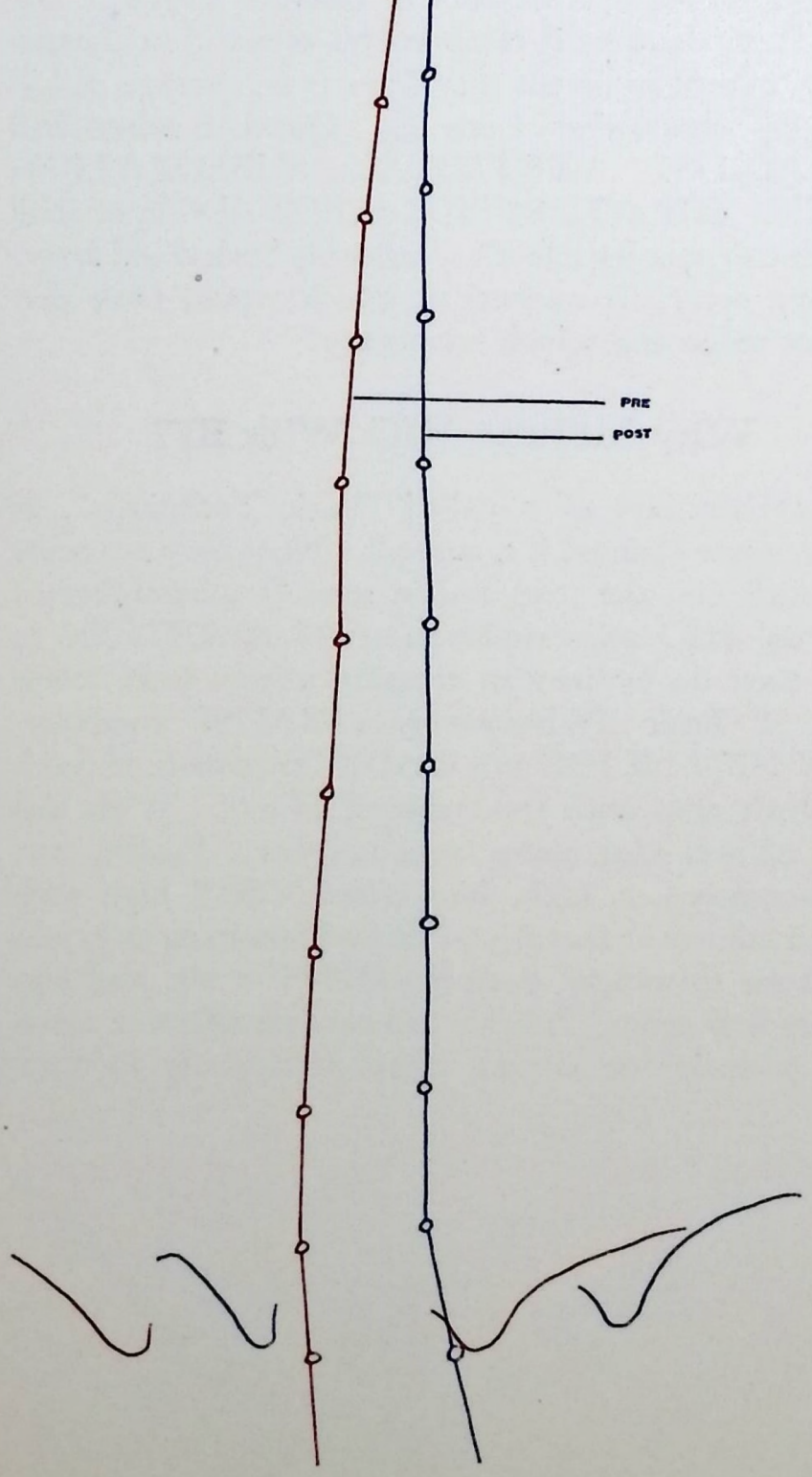
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

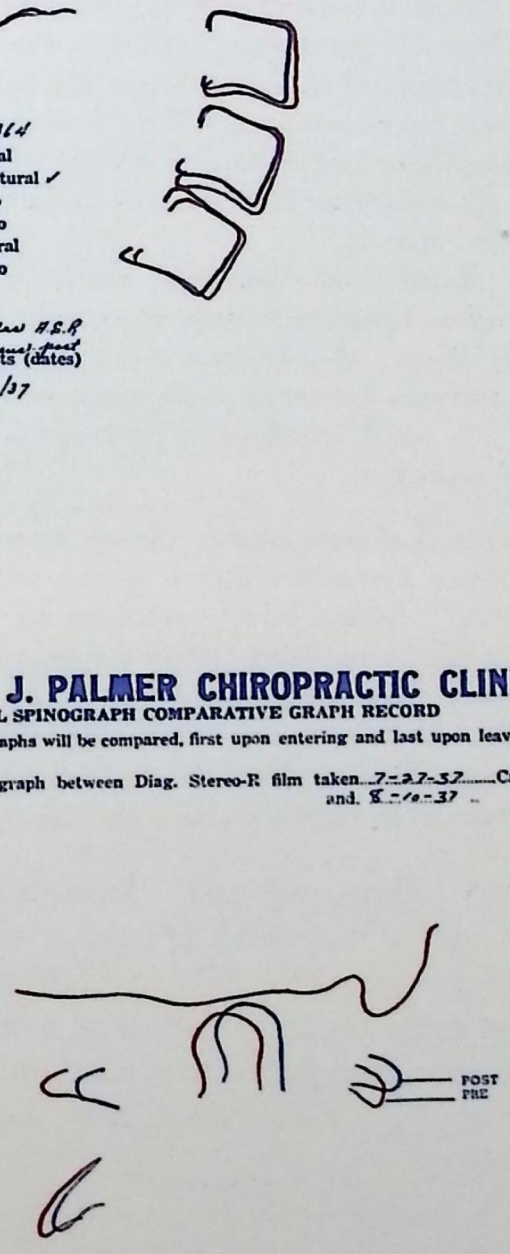
Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 7-27-37 Case No. 364
and 8-10-37

Major: ATLAS ASR-R TRANS POST

Adjs. given: (Dates)
7-28-37





Case No. 364
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R. Transl. Post
Adjustments (dates)
7/28/37

CASE No. 373

Male Married Age 42

8/16/37

ENTRANCE COMPLAINTS:

1. Hay fever.
2. Heart irregular; pounds and rapid at times.
3. Hemorrhoids.
4. Heavy feeling over right hypochondrium.
5. Bad taste in mouth; coated tongue.
6. Constipation.
7. Enlarged tonsils.

PRESENT ILLNESS:

Hay Fever — 1919. Heart bothered since 1925. Hemorrhoids — 1925 — internal. External since childhood. Appetite — good. Bowels — 2-3 daily. Bladder — Occasional burning. Sleep — Disturbed in getting to sleep.

Date Case entered Clinic: 8/16/37

Date case left Clinic: 8/23/37

Interval, time lapse — 7 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 1

Dates: 8/17/37

---

you had been lowering, in order to allow the ankylosed area to shift back and relieve the acute strain on muscles and acute vertebral disrelationship. If the adjustment does not relieve condition place a lift under foot (probably of opposite side of adj. contact you are using when change occurs) in an effort to bring the ankylosed area back closer to its former relationship. From then on, proceeding carefully, the column below will have to be maintained in such relationship as to gradually relieve the strain on ankylosed part. Thus removing any necessity for the continuance of ankylosis and gradually allowing it to be broken down *by nature* and the calcarious material is carried away by the blood stream."

"2. Sacro-Iliac Ankylosis, place 1/4" lift under ankylosed side, instruct patient to walk vigorously 3 to 6 miles, return next day to office. *If ankylosis is not broken* add 1/8" or 1/4" lift more, *instruct patient to walk again* and return next day. Continue this until ankylosis is broken up. *Warn patient of expected reactions.*"

"When a disrelationship occurs in which the foundation of the body is lowered. This lowering withdraws the support on that side. As the body maintains its upright posture at the expense of the resulting curves the excess weight is forced down the higher supporting side. Exceptions to that are a result of Thoracic Ankylosis and exaggerated lumbar curve. The low foundation side of body is determined by rotation of lowest freely movable vertebra above the 5th lumber."

X-ray films exposed, developed, and interpreted, taken under and with precision technique, permitting exacting duplication from which accurate over-lapping graphs were made, prove that average atlas is subluxated somewhere between a minimum of 1/8" from normal up to 3/8", altho some have been more than that. These are measurement figures, not guessed at. Compensatory curves take place from that point thruout entire length of spinal column, unbalancing it more the farther removed from its cause, in compensatory degrees, until you reach center of distance length of column; from there on it compensates reversed in correcting unbalance to extent that there is an average of 1/8" up to 3/8" shortening of one leg. Question arises shall we ADJUST VERTEBRAL SUBLUXATION CAUSE, THE ATLAS SIDE-SLIP WEDGE, or shall we treat shorter leg effect? Assuming both could arrive at same point, in correction, which would have permanent value and which temporary?

Why Include HIO With BT?

In earlier days of so-called "Basic Technique", as taught, some claimed it a cure-all. Now they advocate and teach (on the road and in school) advisability of adjusting HIO atlas subluxation IN ADDITION to what they do by way of treating effects from lower end. IF Basic Technique is a CAUSE corrector, WHY HIO? If HIO is a CAUSE corrector, it needs no substitution with treatment of effects. With this "lift" of heel idea, there came another. Patient was laid face-down on table, hips raised VERY high with padded pillows so that if you viewed him from side, you would see torso low, buttocks HIGH in air, and legs hanging low again. All this had another effective treatment posterior on curves, more particularly lordoses

(Sheet 7)

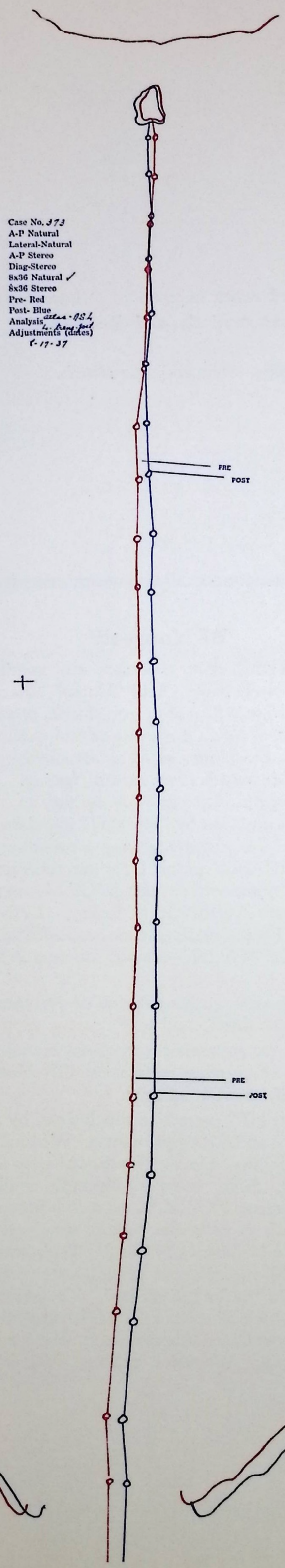
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-16-37 Case No. 373
and 8-23-37

Major:
Adjs. given:
(Dates)
8-17-37



Case No. 373
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
L. transv post
Adjustments (dates)
8-17-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

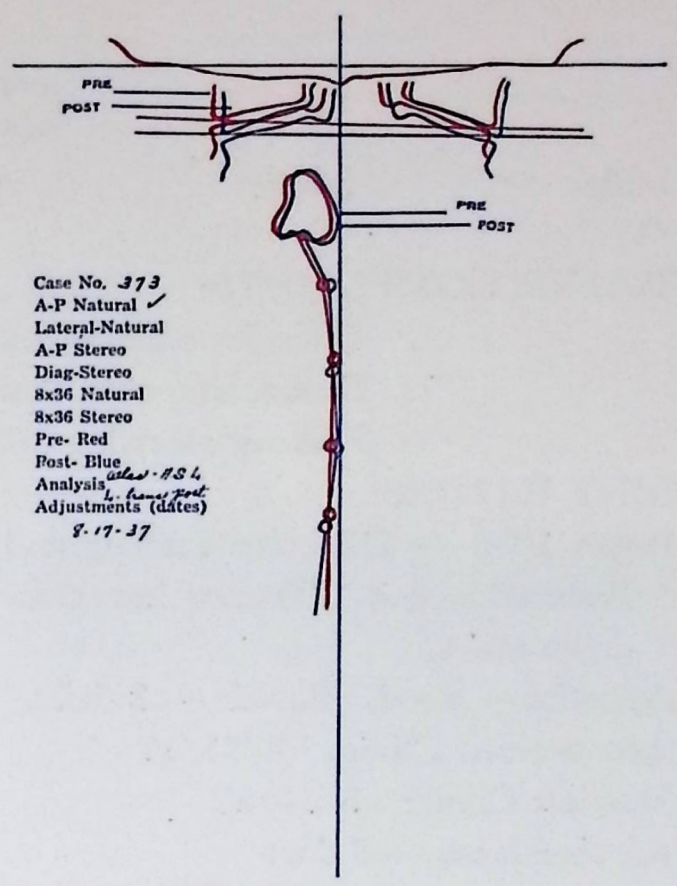
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-16-37 Case No. 373
and 8-23-37

Major: ATLAS ASL-L TRANS POST
Adjs. given:
(Dates)
8-17-37



Case No. 373
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
L. transv post
Adjustments (dates)
8-17-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

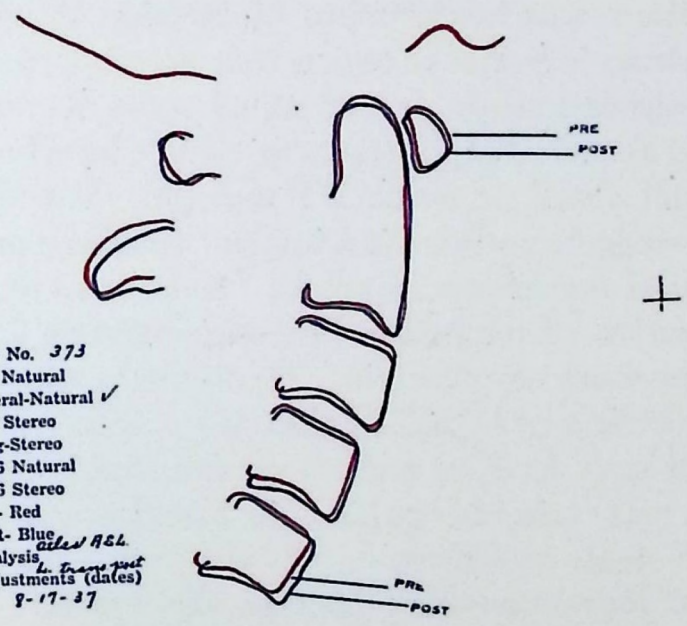
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-16-37 Case No. 373
and 8-23-37

Major:
Adjs. given:
(Dates)
8-17-37



Case No. 373
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. transv post
Adjustments (dates)
8-17-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

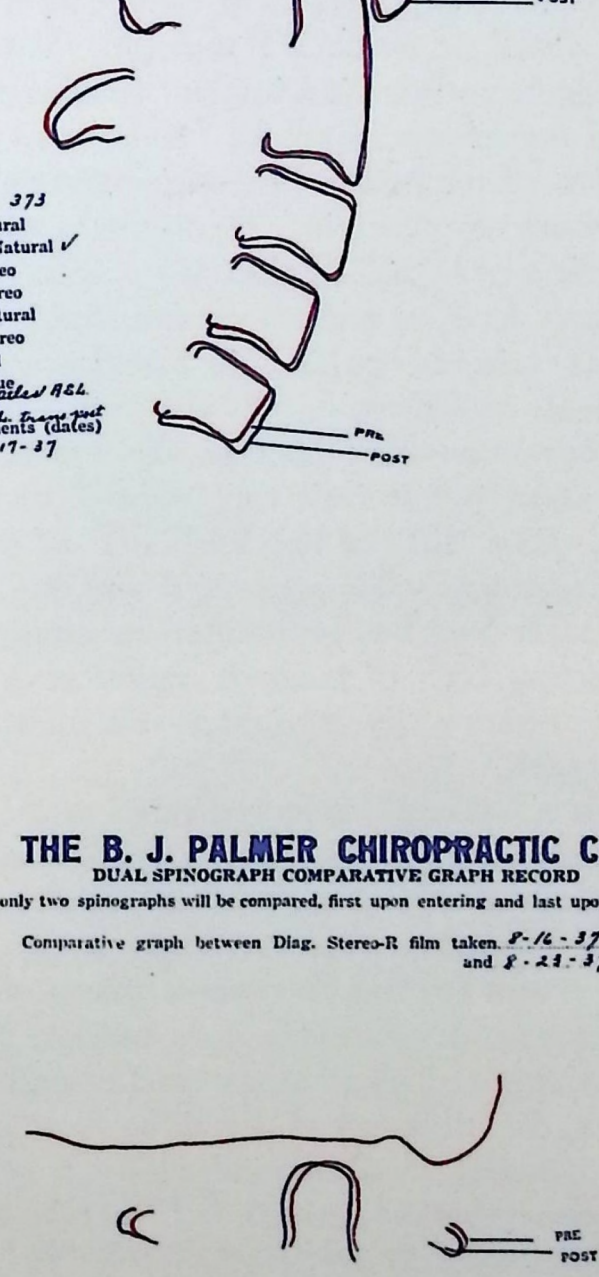
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-16-37 Case No. 373
and 8-23-37

Major:
Adjs. given:
(Dates)
8-17-37



Case No. 373
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. transv post
Adjustments (dates)
8-17-37

CASE No. 376

Male Single Age 24

8/23/37

ENTRANCE COMPLAINTS:

1. Difficulty walking and talking.
2. Dull aching pain (Occipital).
3. Difficulty starting urine.

PRESENT ILLNESS:

Began 1930 — Difficulty walking and excessive saliva. Gradual onset of tremor. Scanning speech. Festination gait. Tremor intentional. Walks well on heels comparatively, and does well going up or down stairs.

Appetite — good. Bowels — 2 daily. Bladder — Negative. Sleep — fine and on stomach.

Date case entered Clinic: 8/23/37

Date case left Clinic: 8/31/37

Interval, time lapse — 8 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 8/24/37

---

and kyphoses. With these two methods of treating curves, there was hokus-pokus of pushing thumb into certain places in buttocks region near sacrum, then cross fibre manipulations on tender spinal spots above, until such time as pain disappeared, etc. (We here have not covered all detail or much BT technic. We did not discuss wedge or pathological lumbar vertebrae or other pathological conditions in pelvis. I am not concerned in elaboration of methods when entire system is based upon same working principle. To discuss working principle, regardless of how it applies, is to reach same conclusion in each detail or technic enumerated.)

Much was claimed for this. At first this was said to be THE real treatment — all else was secondary. Value of thumb pressure idea IS the "secret" of its pain sales value, but it isn't the "secret" of its treatment value. The "lift" of heel and "lift" of pelvis are. Whatever treatment value accrues, if any, is in changes that occur after heel has been lifted or changes occur following lifting high of buttock region and "adaptative curves" temporarily straighten out as a result of either treatment.

That such a "system" of forced rapid artificial methods, even to breaking of ankyloses, DOES change spinal contours, does put strains on relaxed muscles and does relax strained muscles; that it creates a change; that change of posture tending to reverse direction of adaptative or compensatory curves does relieve; that such relief is soothing and pleasant to case, are all granted. In what way, tho, does any of this differ from any other palliative treatment medical method for any disease? To scratch erysipelas is to relieve itch; to take soda is to relieve hyperacidity; to take epsom salts is to relieve constipation — but none of them CURE.

BT Yourself

Find TENDER spot, stridulate and manipulate it until tenderness is gone. This "blocks" afferent flow. To "block" afferent flow is to stop circuit, produce prolapsis of muscles which is absence of function, which is contraction. Basephine, same as morphine, produces absence of pain which is absence of feeling. Suppose you had cramps in stomach — is the way to cure it to force it into a prolapsis by "blocking" impulses, causing it to prolapse? Is prolapsis curing contractures? It is better to RESTORE normal muscular contractions.

I am NOT interested in ABSENCE of function any more than I am ABSENCE of feeling. I AM vitally interested in PRESENCE of function, PRESENCE of feeling; in RESTORING normal function AND feeling.

I ask no secrecy on this solution of presentation. I am serious with this.

I know above statements are sound because I now have a way of proving restoration OR blocking of nerve flow, efferent OR afferent.

To arrive at HIO corrective conclusions, by research and proof, was and is a simple matter. We took various cases with varying degrees of adaptative or compensatory curves. First, we took full-length, single-exposure, standing erect, NORMAL, as such a person would stand. Second, we took same person, same posture constant, put "lift" under LOW heel. Took another exposure. Third, we took same person, same posture constant, put "lift" under HIGH heel. Took another exposure. We took all three to graph laboratory made a graph. Meanwhile, no thumb-butt, numbo-jumbo technique was used. We went further. We laid cases

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

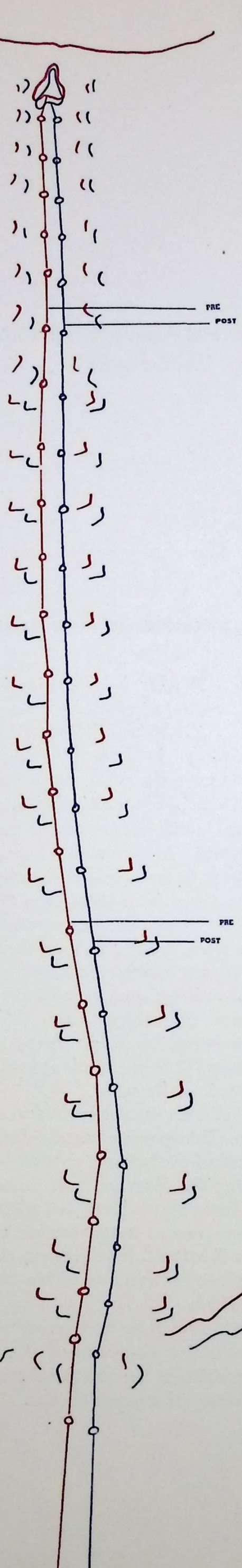
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 8-23-37 Case No. 376
and 8-31-37

Major:

Adjs. given: (Dates)
8-24-37



Case No. 376
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas ASR R. Sacro post
Adjustments (dates)
8/24/37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

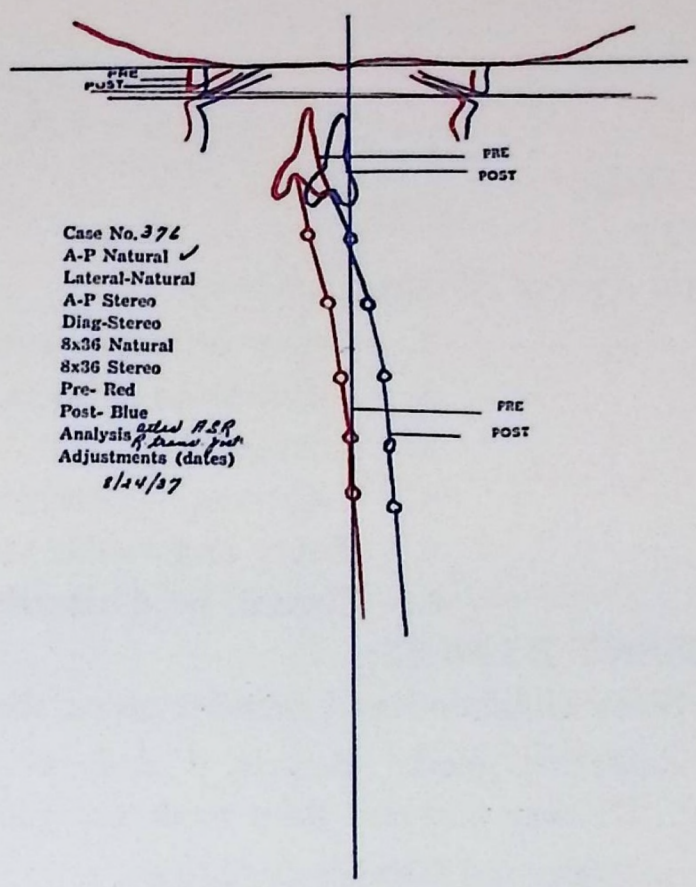
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 8-23-37 Case No. 376.
and 8-31-37.

Major.

Adjs. given: (Dates)
8-24-37



Case No. 376
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. Sacro post
Adjustments (dates)
8/24/37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

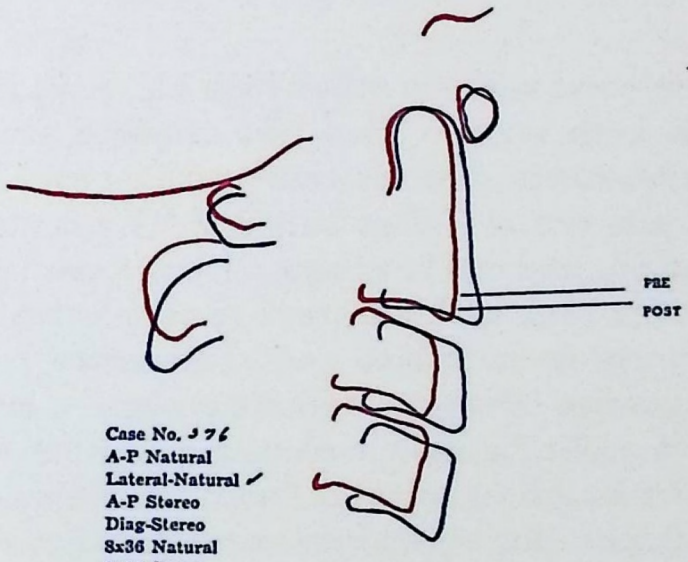
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 8-23-37. Case No. 376.
and 8-31-37

Major:

Adjs. given: (Dates)
8-24-37



Case No. 376
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. Sacro post
Adjustments (dates)
8/24/37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

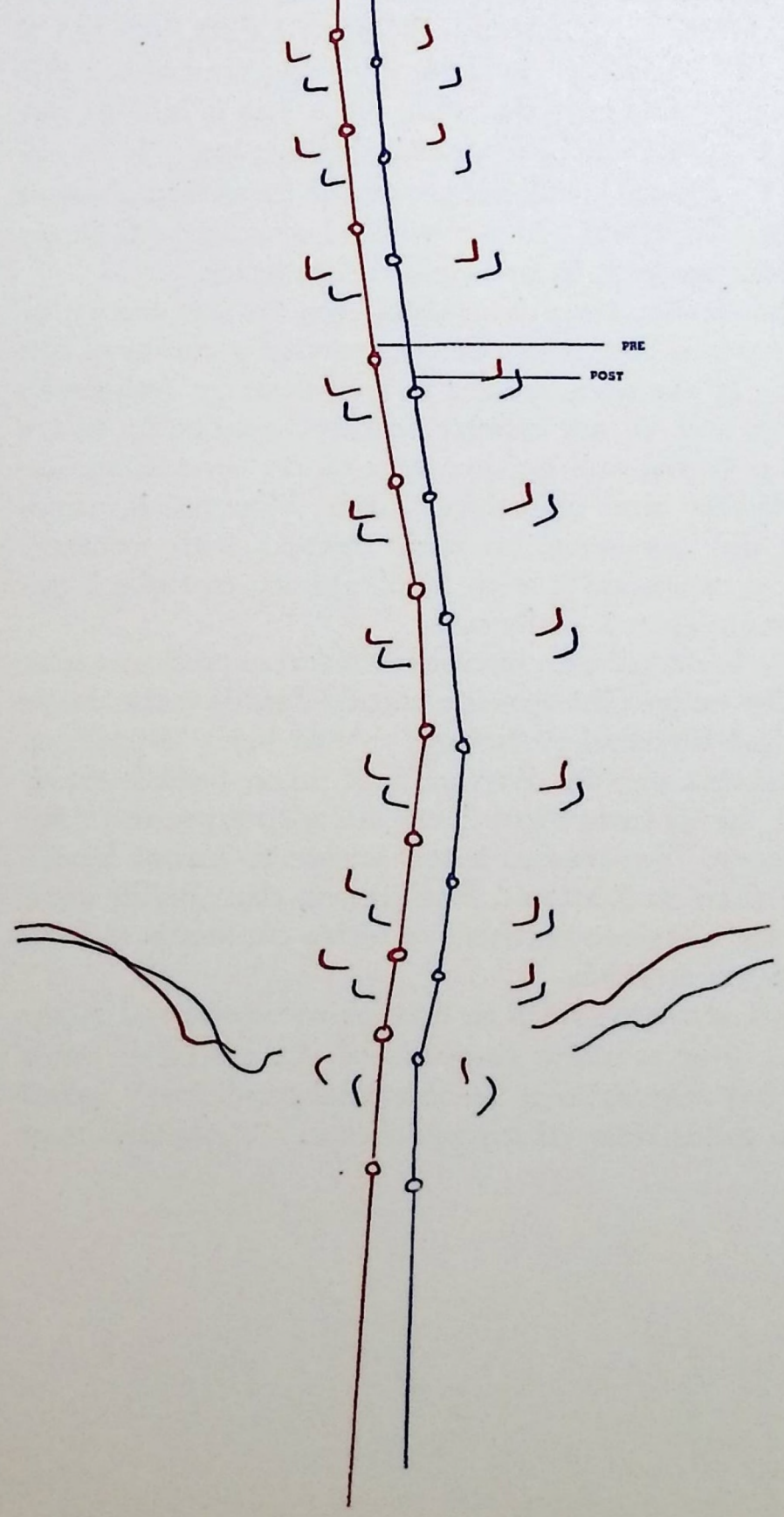
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 8-23-37 Case No. 376
and 8-31-37

Major:

Adjs. given (Dates)
8-24-37



Case No. 376
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. Sacro post
Adjustments (dates)
8/24/37

CASE No. 381

Male Single Age 31

9/3/37

ENTRANCE COMPLAINTS:

1. Dopey feeling — constipation chronic.
2. Palpitations of heart. Tires easily.
3. Exhausted.
4. Tightness — sensation of head.
5. Blurry and double vision occasionally.
6. Chronic head catarrh.

PRESENT ILLNESS:

Since childhood and remains about the same. Slowed up mentally and doesn't always click on job.

Appetite, good. Bowels, 1 daily or every other day. Enemas. Bladder negative. Sleeps very well. Drowsy and can sleep most any time.

Date case entered Clinic: 9/3/37

Date case left Clinic: 9/17/37

Interval, time lapse — 14 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 1

Dates: 9/4/37

prone, with and without raised high hip pads, and took exposures both ways. That also changed curves, no thumb-butt, numbo-jumbo technique being used. What do these sets show? That curves ARE adaptative or compensatory and can be changed by and with posture. That to "lift" left heel is to reverse adaptative or compensatory curves to adapt and compensate on themselves in reverse directions and dimensions; a left curve becomes a right, a right becomes a left, and so on throughout length of spinal column. Taking same sets of spinographs, horizontal lines were drawn across pelvis levels of all three of a set. Perpendicular lines were drawn at RIGHT ANGLES to these, letting them go superior where they would. A graph was made of the three lines. One went left, other went right, of natural normal which was in center. This proves that "lift" of heel does throw body off equilibrium; that by "lifting" heel you shift contraction and relaxation of back muscles from one side to other. Has any of this ADJUSTED THE CAUSE OF DIS-EASE — that question which is distinctly CHIROPRACTIC? Given time, muscles adapt and compensate on themselves; abnormal contractured muscles relax, and abnormal prolapsed muscles contract. All is well until TIME takes its toll— with atlas side-slip wedge vertebral subluxation CAUSE still existing, NEW abnormal compensatory and adaptative curves appear and so the age-old story repeats itself—like cause, like effect. Now what? CAUSE NEEDS ADJUSTMENT! Chiropractors who have risked health and well-being of their cases to this orthopedic surgery experiment a la basic technique, are realizing this IS what is happening in their practices. Chiropractic now comes into its own again. UNTIL ANOTHER NUMBO-JUMBO, HOKUS-POKUS MYSTERY arises. Is there anything new about this medical procedure? In what way does it add to our store of previous Chiropractic knowledge? It is obvious that forced artificial treatment correction changes curves. So what? In this we find counter-parts in orthopedic surgery, in principle and practice.

Historically, there is nothing new in this theory of treatment of curvatures or compensatory curves of the spine. It has been equally as well done by orthopedic surgery and, in my humble opinion, osteopaths had a more practical and quicker way to do same thing, accomplishing same objectives. Only difference is, osteopaths did not wrap up their method with mystery, secrecy, or shroud it with numbo-jumbo to make it appear more than it really was.

Case has accident, concussion of forces produces atlas side-slip wedge Chiropractic vertebral subluxation cause of spinal vertebral pathology. Atlas being slipped up and off on one side, down and off other, head is tilted, spinal curves from there down are adaptative and compensatory. For reasons better known to Innate Intelligence than to Educated Intelligence, thon builds exostosis and ankylosis on short or inside curve-side of lumbar region scoliosis.

Two or more vertebrae become exostosed and ankylosed. Our working principle of the ankylosis being a normal adaptation to an abnormal condition is found in the notes referred to, as follows: "Ankylosis may

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

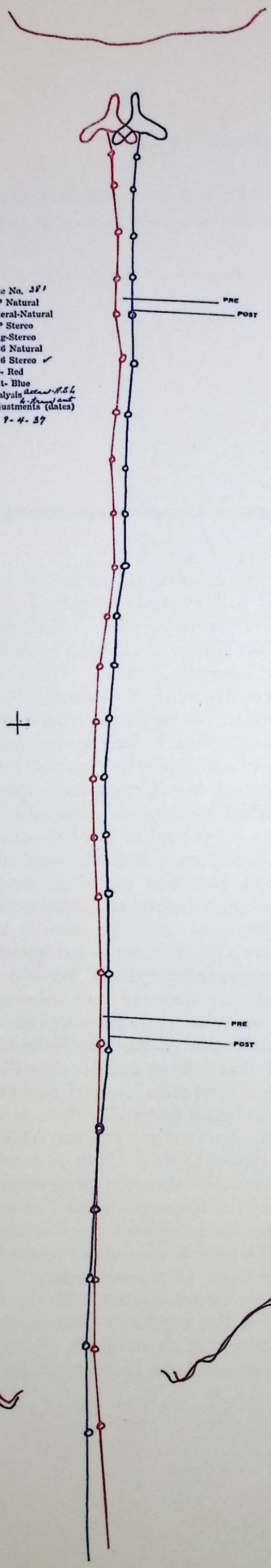
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Date
Blue, 2nd Date

Comparative graph between 8x36 film spinographs taken 9-3-37 Case No. 381.
and 9-17-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
9-4-37



Case No. 381
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas-ASL
L. transl ant
Adjustments (dates)
9-4-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

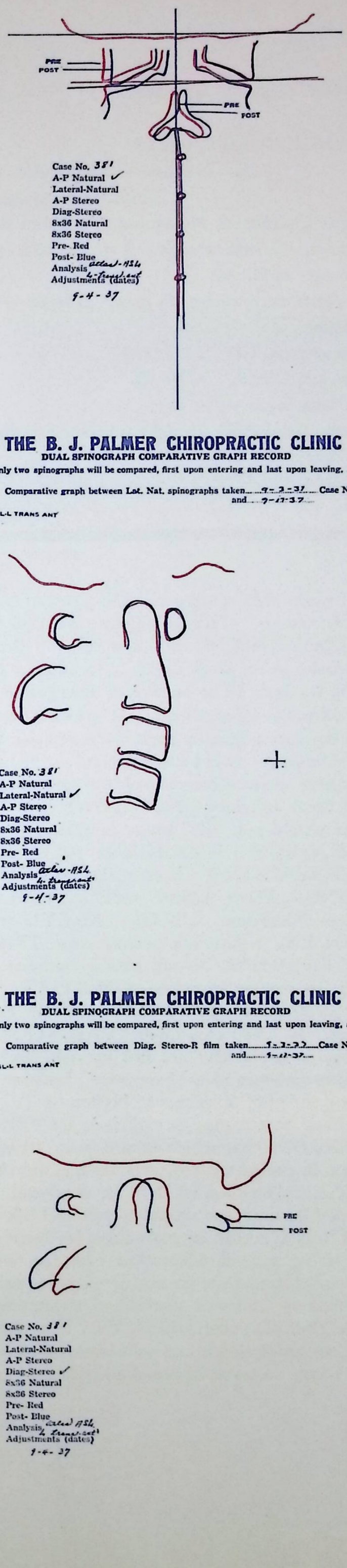
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between A-P Nat. spinographs taken 9-3-37 Case No. 381.
and 9-17-37

Red, entering date
Blue, leaving date
Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
9-4-37



Case No. 381
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
L-transl ant
Adjustments (dates)
9-4-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken 9-3-37 Case No. 381
and 9-17-37

Red, entering date
Blue, leaving date
Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
9-4-37

Case No. 381
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
L. transl ant
Adjustments (dates)
9-4-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken 9-3-37 Case No. 381
and 9-17-37

Red, entering date
Blue, leaving date
Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
9-4-37

Case No. 381
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
L transl ant
Adjustments (dates)
9-4-37

CASE No. 382

Female Married Age 40

9/3/37

ENTRANCE COMPLAINTS:

1. Neuritis of Ophthalmic branch (left). Left eye involved. Ptosis. (Trifacial Neuralgia).

Began October or November, 1936, but improved. About May 1, 1937, had an attack, and off and on since. Worse at night. Left eyelid dropped about July 1, 1937. Pains extremely intense at night and comes in waves.

Appetite decreased with pain. Bowels — 1 daily regular. Bladder — Negative. Sleep — Disturbed by pain.

Date case entered Clinic: 9/3/37
Date case left Clinic: 9/16/37
Interval, time lapse — 13 days
Analysis: Atlas ASR — right transverse anterior
Adjustments: 2
Dates: 9/4/37; 9/13/37

---

occur between the Sacrum and 5th Lumbar or entire length of column. This is nature's method of protecting strained muscles and ligaments by depositing bony particles in the weak fibres." In another place in the notes, we find: "The process of ankylosis is due to nature's efforts to strengthen atonic muscles, ligaments, and cartilaginous tissue, by infiltration of bone and calcareous substance. It is to strengthen."

A surgeon would give chloroform, cut open structure, and break ankylosis ONCE in ONE day. "Basic" technique would put "lift" under low heel; "Have patient walk THREE TO SIX MILES — if no results — REPEAT WALKING. If necessary—CONTINUE WALKING. Have patient walk in VIGOROUS manner. — Continue UNTIL ANKYLOSIS IS BROKEN UP." Average person steps TWO feet. In ONE day, 3 miles, he will pound, hammer, strain, pull, tug, in reverse direction, ON THAT ANKYLOSIS, 7,920 times. SIX MILES, in ONE day, 15,840 times. If 7,920 or 15,840 "VIGOROUS" hammer blows in ONE day are not enough, "add more lift", increasing pound of "vigorous" hammer blows, and "continue until ankylosis IS broken up."

Each blow, strain, tug, or pull is in REVERSE DIRECTION from that which Innate found necessary in adaptation to pathology, for exostosis and ankylosis are NORMAL ADAPTATIONS to abnormal pathologies. A Chiropractor would adjust ATLAS SUBLUXATION CAUSE of pathology, let Innate chemically dissolve normal adaptation exostosis when no longer needed, and thus chemically dissolve ankylosis. IF ankylosis is "nature's method of protecting" and "nature's efforts to strengthen", then it is sound for "nature" to break down and take away, and unsound for man to try to force its removal.

What happens with "basic technique" in cases that CANNOT walk, such as paralysis, anemia, tuberculosis, asthma, etc? Why not clamp over ankylosis a trip hammer that would deliver 7,920 or 15,840 blows in ONE day? Evil results? Listen! "Close attention must be given in order to know when this ("symptomatic effects") occurs. Some effects great soreness and pain thru shoulders and neck, even fever, and confinement to bed. — Warn patient of expected reactions."

Treatment of spinal curvatures, spinal curves, spinal pathologies including breaking of exotoses and ankyloses, is not new. It has been in use 400 years. Only difference, if it is a difference, is that medical men work upon curves direct, and butt technique works upon them indirectly — both tending to correction by treatment of effects methods. Suppose there is a lumbar scoliosis with short side of curve to its opposite, with osteomalacia, exotosis, and ankylosis. Pelvis is not level and one leg is short. Exostosis and ankylosis being adaptative and compensatory to pathological condition and its normal intellectual adaptation. Raise heel, raise pelvis, then send that patient out on a "walk in vigorous manner for several miles", and if that fails, raise "lift" still more and have him walk "three to six miles — next day." Do that and you CAN AND WILL BREAK ANY ANKYLOSIS! This is another way of using regular medical orthopedic surgery principle of flexion with tension designed to "break" an ankylosis.

We know that our profession absorbs these "new methods" spasms; we know some of our people get fearfully excited over them; we know salesmen make bombastic claims at first; we know practitioners' enthusiasm knows no bounds on first rebound — but we also know time is a great leveler of truth and facts. From actions, it appears some people hold the opinion they make

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

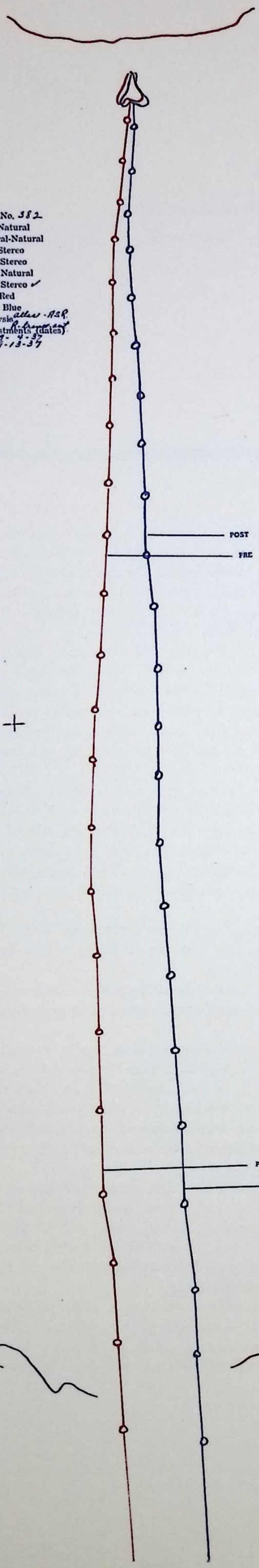
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-3-37 Case No. 382
and 9-16-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
9-4-37
9-13-37



Case No. 382
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. Transitant
Adjustments (dates)
9-4-37
9-13-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

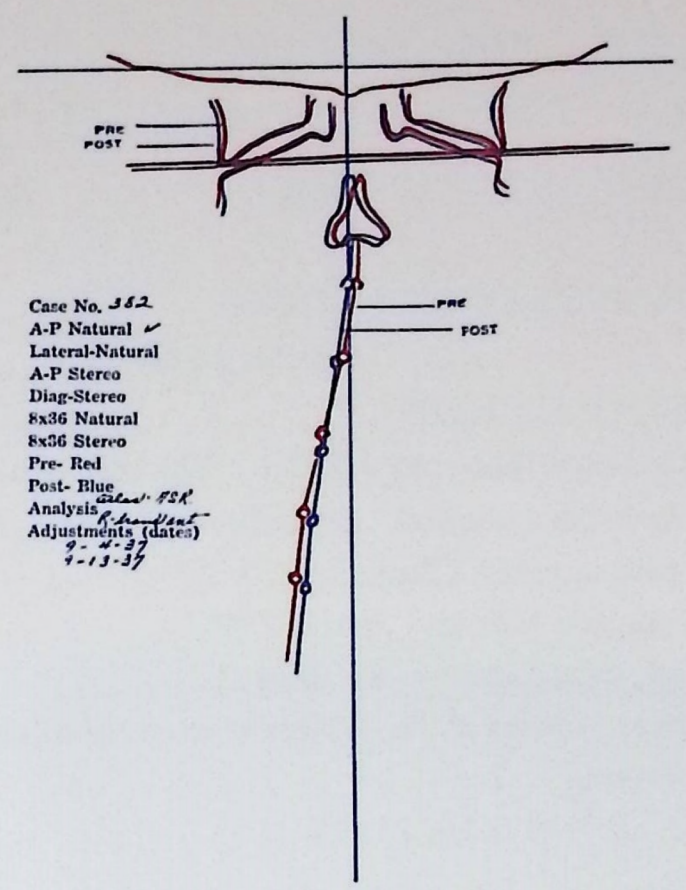
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-3-37 Case No. 382
and 9-16-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
9-4-37
9-13-37



Case No. 382
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. Transitant
Adjustments (dates)
9-4-37
9-13-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

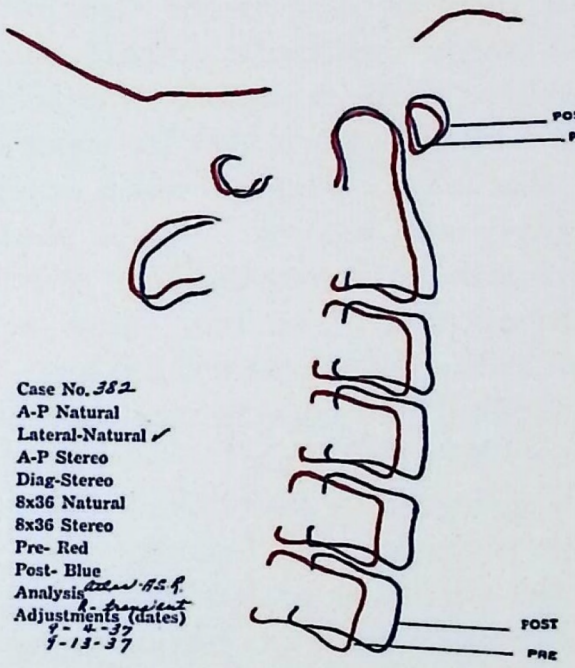
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-3-37 Case No. 382
and 9-16-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
9-4-37
9-13-37



Case No. 382
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. Transitant
Adjustments (dates)
9-4-37
9-13-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

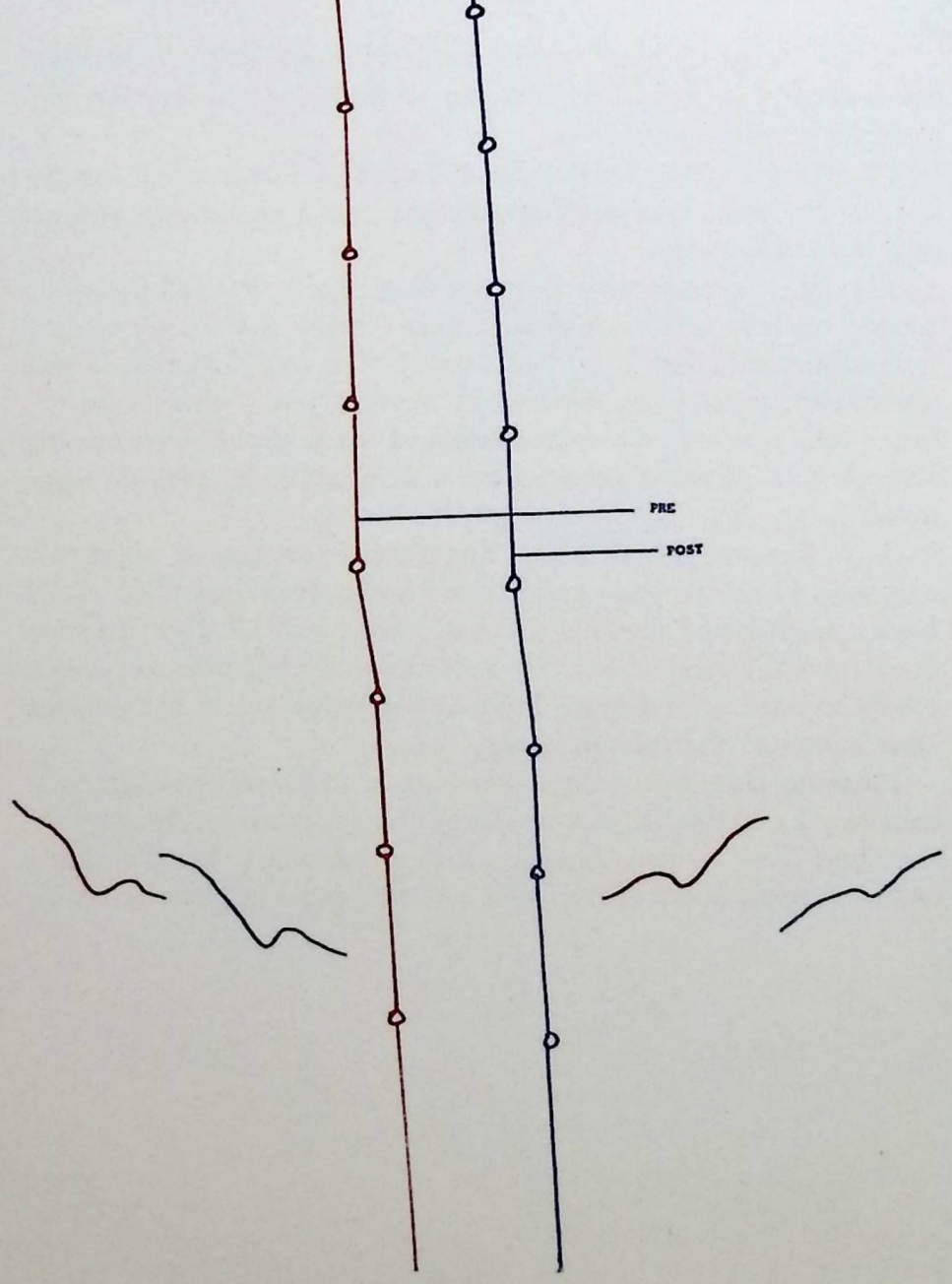
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

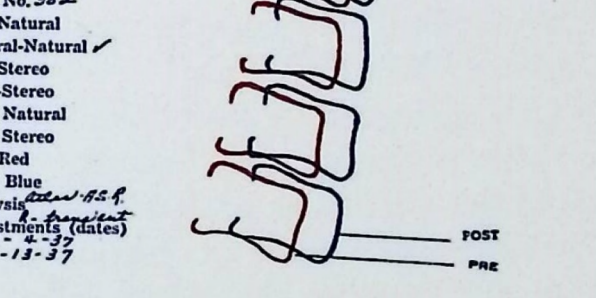
Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-3-37 Case No. 382
and 9-16-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
9-4-37
9-13-37





Case No. 382
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. Transitant
Adjustments (dates)
9-4-37
9-13-37

CASE No. 383

Male Single Age 23

9/3/37

ENTRANCE COMPLAINTS:

1. Diabetes Mellitus.

PRESENT ILLNESS:

Diabetes discovered 1934. On diet since. Insulin pills by mouth. Nervous at times.

Appetite — good. Bowels — 1 daily. Bladder — Negative. Sleep — Very well.

Date case entered Clinic: 9/3/37

Date case left Clinic: 10/25/37

Interval, time lapse — 52 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 2

Dates: 9/4/37; 10/21/37

---

water run up hill, reverse natural law, viz., they make mental impulses flow from butt to head. That "interference" (if there be such in the "system" under investigation) meets resistance around sacrum somewhere, somehow. One moment's superficial reasoning refutes such a claim but it is that "moment's superficial reasoning" that takes a vacation when numbo-jumbo is sold in mystery and secrecy. To be shown how to "lift" a heel and cause compensatory spinal curves to reverse compensatory directions, seems sufficient for many to think they have upset natural law.

We have talked with sincere men who have studied and practiced "butt technique". We talked with them shortly after taking it; we have talked with them months or years after trying it. We find they agree with above analysis of this particular professional itch they scratched. Time has a peculiar way of bringing up that which stands up, and lowering that which falls down in achieving results in the sick.

Enthusiastic Beginners

As a sample of enthusiasm a beginner goes into, let me submit correspondence. We do not repeat this with any idea of belittling or embarrassing correspondent. He has a right and can exercise that right of studying and practicing anything he wants. One right, however, HE does NOT possess any more than I, viz., neither he nor I can change the fundamental vertebral subluxation causative interference to mental impulse supply between brain and body principle and practice, concepts or precepts, basis or foundation of WHAT CHIROPRACTIC IS. If HE is incompetent in practicing CHIROPRACTIC, in adjusting the vertebral subluxation, and feels need of bolstering orthopedic surgery methods, he can use them; BUT HE MUST NOT CALL THEM CHIROPRACTIC.

We append the correspondence:

Dear B.J.:

Several months ago, I was visited by Dr. Craven, at which time he discussed with me his experience with Basic Technique and Dr. Logan. I listened with courtesy, but of course I did not accept all of his statements at full value, even though I regarded him as a high grade conscientious fellow. After three interviews, by which time we had forgotten about everything except hard facts and demonstrable theories, I finally began to believe there was some real merit to Basic Technique. I still did not feel any great need for it as I thought I was pretty successful in my practice and I knew I had succeeded on cases where other supposedly good HIO and Meric men had failed to get results, *and I did not have any outstanding failures,* although some cases were very slow, on the other hand I did feel a need for something which would help me in acute emergency and bedfast cases where it was impossible to have X-rays.

I finally decided to take the work for this special need, but still felt it was just another "new move" or some "old move" under a new name, even though it did seem to me as though there was a basic principle involved which was not covered in HIO.

What an eye-opener I got in the first lesson. It really stunned me because I thought HIO was an all-inclusive system even if it was not entirely perfected.

I had a prejudice against Basic Technique because of the nature of the technique itself and because HIO philosophy and art is a beautiful thing.

You may wonder why I am writing to you thus, B.J., laying myself open to your criticism, which I know can be very sharp and subtle, etc., but I am not fearful of it as I feel that if you should understand my motives in writing you, I can "take it", but I feel you will not misunderstand me and that you are big enough to read what comes from a sincere heart, with an open mind.

B. J., I want you to know first that regardless of what you may say, I am still your loyal friend and a friend of PSC, and I have a respect and love for you and Mabel and all that you have done for Chiropractic and for sick and suffering humanity, *and I believe your name will go down in history as one of the greatest benefactors of the human race.*

I realize that relatively *I am just a beginner writing to a master.* I also realize something of the great many sided problems you have on your hands, which is enough to bury a dozen ordinary men, and I realize *that you still are the greatest leader*

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

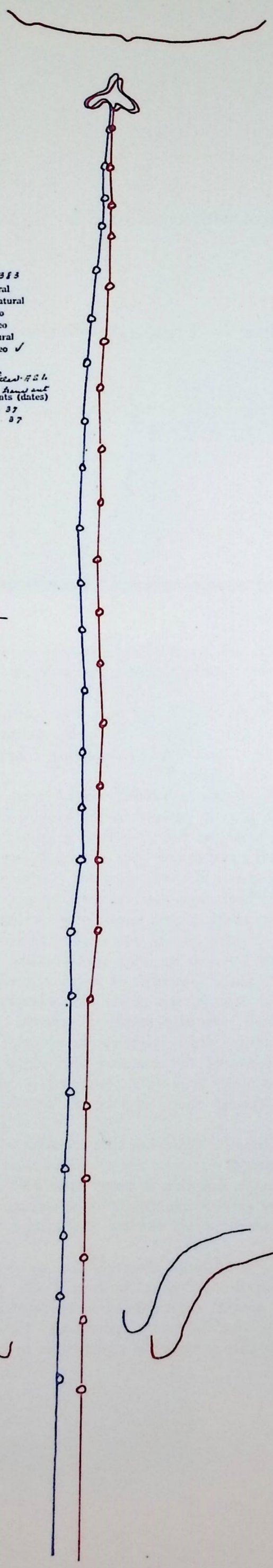
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Film, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-3-37 Case No. 383
and 10-21-37

Major: ATLAS ASK-L TRANS ANT

Adjs. given: (Dates)
9-4-37
10-21-37



Case No. 383
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Atlas-Ask-L
Adjustments (dates) L trans ant
9-4-37
10-21-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

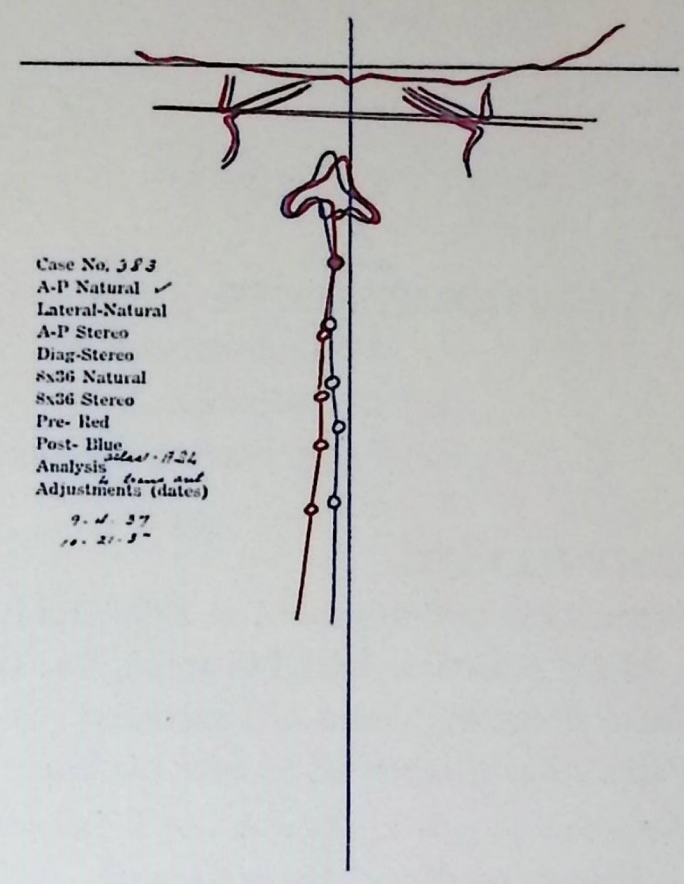
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-3-37 Case No. 383
and 10-21-37

Major: ATLAS ASK-L TRANS ANT

Adjs. given: (Dates)
9-4-37
10-21-37



Case No. 383
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-Ask-L
Adjustments (dates) L trans ant
9-4-37
10-21-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

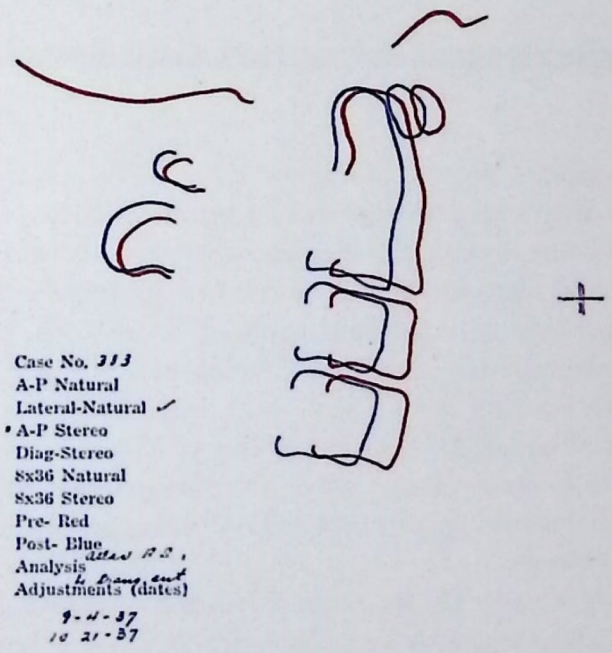
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-3-37 Case No. 383
and 10-21-37

Major:

Adjs. given: (Dates)
9-4-37
10-21-37



Case No. 383
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas A-S,
Adjustments (dates) L trans ant
9-4-37
10-21-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-3-37 Case No. 383
and 10-21-37

Major:

Adjs. given: (Dates)
9-4-37
10-21-37

Case No. 383
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas 8x36
Adjustments (dates) L trans ant
9-4-37
10-21-37

CASE No. 384

Male Married Age 66

9/4/37

ENTRANCE COMPLAINTS:

1. Difficult urination.
2. Constipation.
3. Sight, hearing and smell cut down.
4. Palsy.

PRESENT ILLNESS:

Began 1931 and improved to 1934 and has been gradually getting worse with onset of Palsy in 1934. No blood passed or found in urine, but alkaline in reaction.

General cutting down of functions.

Patient has threatened to take his life.

Appetite — good. Bowels — 1 daily with enema or Ex-lax. Bladder — Frequency with smarting and difficult starting. Sleep — well.

Date case entered Clinic: 9/4/37
Date case left Clinic: 9/20/37
Interval, time lapse — 16 days
Analysis: Atlas ASL — left transverse anterior
Adjustments: 1
Dates: 9/6/37; 9/14/37

---

in Chiropractic, but at the same time I also feel very strongly that some important things are happening these days and *that sooner or later certain definite demonstrable truths are going to permeate and change* the entire field of Chiropractic.

In my humble way I desire to do all I can to help PSC *and to maintain you as the leader of Chiropractic,* but I do not think the way to do this is to "yes" you, but rather to fearlessly accept and utilize all truths pertaining to Chiropractic. *In fact I strive to seek truth above all other things* even to the point of risking the friendship of some of my most highly esteemed Chiropractic friends.

You may think (from second-handed information) as I did that Basic Technique is not Chiropractic, but I know from personal knowledge that it is Chiropractic and agrees with Chiropractic philosophy and that its practice involves only such art as has to do with straightening the spine, which in turn has to do with the removal of interference to the transmission of life over the nervous system.

You may have heard as I did previously, that removal of muscle strain was the big idea in Basic Technique. It is true that muscle strain has much to do with health and pain, but in Basic Technique it is the adjustment of the spine that *accomplishes the removal* of muscle strain *and pain.*

The human body is a mechanism which depends upon a trinity of Electrical, Mechanical, and Chemical activity. As I see it, HIO takes a full cognizance of the "electrical" activity and the primary location of interference to the transmission of this "electrical potential" to the body and the resultant mechanical and chemical activities which follow when there is or is not interference.

Basic Technique accepts all of this HIO philosophy and art but it goes further and takes into consideration the operative law of gravity in the human body. When this principle is carefully and quantitatively analyzed, it is found that this is a tremendous factor, which *reacts* on the spinal column as a whole its related musculature and hence affects the atlas in relation to the axis and occiput and therefore affects the pressure on the spinal cord and spinal nerves.

I previously thought that if the atlas was correctly adjusted that the proper supply of power could be transmitted to all muscles and ligaments and that consequently everything to be desired would be accomplished.

In order to bring out more forcibly what I mean by the great importance of the law of gravity in the human body, let me illustrate as follows: if you were perfectly adjusted at atlas and there was no interference to the flow of mental impulses to any part of your body and it was necessary for you to support your arm in an extended horizontal position for a long time while you were in a standing position, you would soon realize that a tremendous amount of extra energy was needed to accomplish this activity and if this were to be done continuously, that Innate would be forced to make a number of important adaptations to meet this abnormal demand for power and sustained muscular action. If sustained muscular strain is present in important muscles and ligaments, which support the spine, I know that your broad knowledge of the anatomy and physiology of the body tells you that many important things are going to happen to the body even though there may be no interference in the atlas region.

I have good reasons for believing that crooked spines and resultant strained muscles *do affect the atlas and thus cause interference to transmission* and that in many cases such interference can be removed by proper adjustment of the sacrum. Thus it is possible to take advantage of the law of gravity rather than to have to combat it.

When the atlas is adjusted directly, due to chronic spinal misalignment the spine, including its foundation, is unable to return entirely to normal, thus imbalance and muscle strain remains and reacts against the normal position of the atlas.

I have had some very interesting experiences in checking the

(Sheet 7)

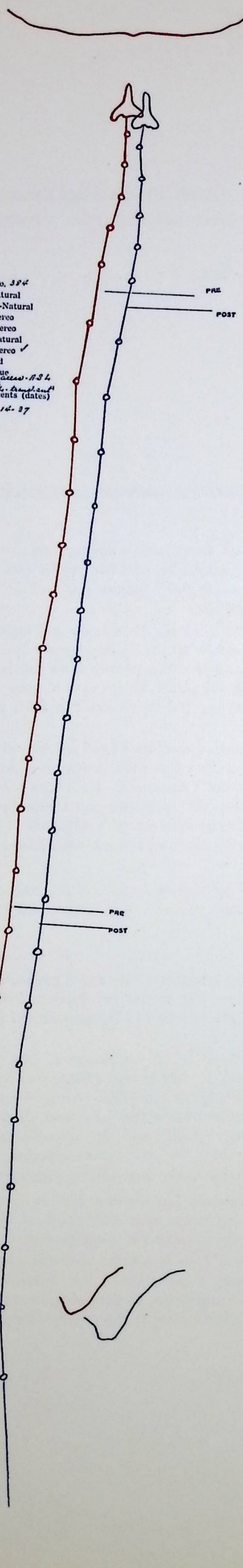
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st Roll, Blue, 2nd Roll

Comparative graph between 8x36 film spinographs taken 9-4-37 Case No. 384
and 9-20-37

Major?
Adjs. given (Dates)
9-14-37



Case No. 384
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas-ASL
L. transverse
Adjustments (dates)
9-14-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

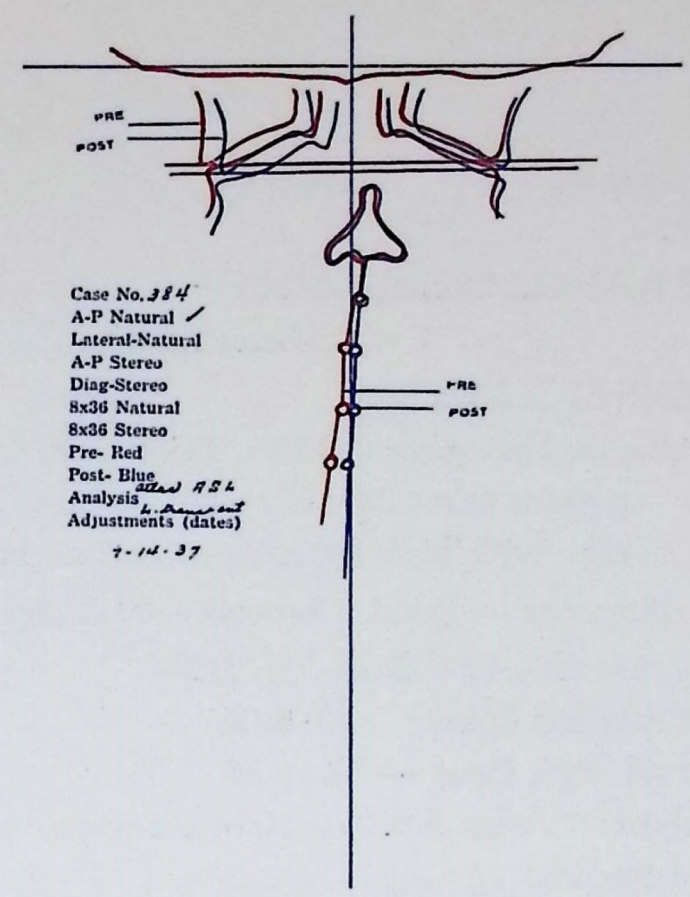
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-4-37 Case No. 384
and 9-20-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
9-14-37



Case No. 384 ✓
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. transverse
Adjustments (dates)
9-14-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

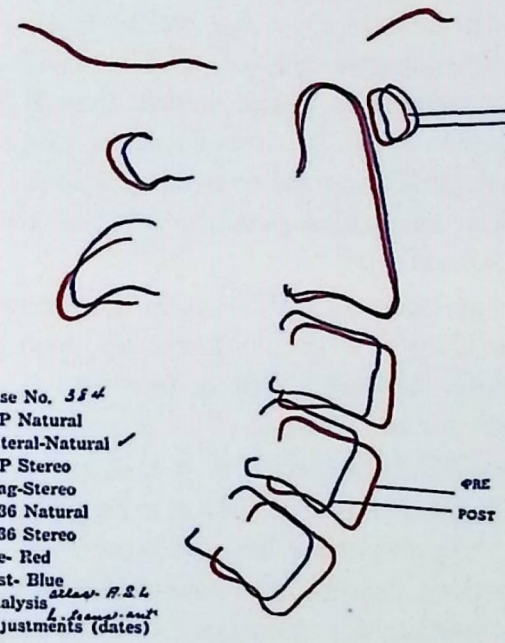
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-4-37 Case No. 384
and 9-20-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
9-14-37



Case No. 384
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASL
L. transverse
Adjustments (dates)
9-14-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

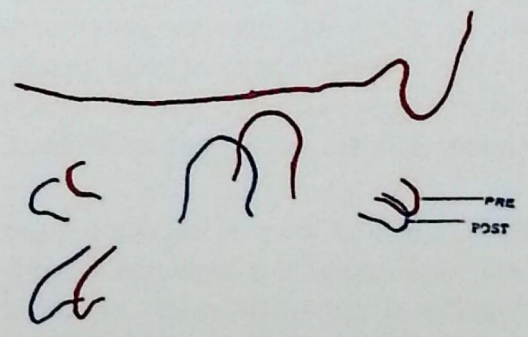
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-4-37 Case No. 384
and 9-20-37

Major: ATLAS ASL-L TRANS ANT

Adjs. given:
(Dates)
9-14-37



Case No. 384
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue atlas ASL
Analysis L. transverse
Adjustments (dates)
9-14-37

CASE No. 385

Female Married Age 34

9/7/37

ENTRANCE COMPLAINTS:

1. Diabetes Mellitus.

PRESENT ILLNESS:

Began December, 1930. Tried diet. No improvement noted. Given Insulin since January, 1931. At present takes 26 units of Protamine Zinc Insulin — Lilly — every morning. On a restricted CHO intake with high fat content and no limitation on protein.

Appetite — good. Bowels — 1-2 daily — Negative. Sleep — fine.

Date case entered Clinic: 9/7/37

Date case left Clinic: 10/8/37

Interval, time lapse — 31 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 9/8/37

---

atlas region with NCM before and after a Basic Technique adjustment. *I still believe that the NCM is a very important instrument in Chiropractic analysis and research and that HIO is a wonderful system,* but I also know that B.T., as far as my ability to practice both is concerned, is more potent in most cases and I have good reasons to believe spines can be straightened more quickly and more permanently by using B.T. or B.T. *plus HIO in certain cases.*

I feel quite positive that B.T. adds to where HIO leaves off, in other words *they fit together perfectly,* and B.T. like HIO is a life time study and not just a new move or an old move dressed up with a new name.

From a personal standpoint it is too bad that B.T. did not originate in PSC, but I feel we must take things as we find them in this world. On the other hand, I have found that Dr. Logan is a fine gentleman, honest and sincere, and absolutely fearless and a tireless worker for Chiropractic. He thinks in straight lines and is already a great power in Chiropractic. He does not desire leadership and has shunned all opportunities to play with the Chiropractic politicians, even though it has cost him much financial support and the enmity of a host of chiselers, who live on the credulity of a large percentage of the Chiropractic profession.

You may be surprised to know some of the fine things he has said about you personally and that he is sincerely interested in the permanency of the PSC which he considers as important to ALL good Chiropractors because it has been universally recognized as the fountainhead of Chiropractic.

I realize your position in relation to HIO work, but in spite of this I believe there is a possibility that you and Dr. Logan should be able to work together to the mutual advantage of each other and to increase in geometrical proportion the results of each other working separately. What a blow that would be for the illegitimate schools and what a blessing for real Chiropractic.

Chiropractic needs both of you working together shoulder to shoulder to fight and conquer a common enemy which in terms of money and political power is many times our superior. Unless we unite our forces we may lose a battle in which you have more at stake in a multitude of ways than any of the rest of us.

I know you have made many supreme personal sacrifices in the past in the interests of Chiropractic and Chiropractic truth and advancement and I believe you will do it again if you see the necessity of it.

I also know that my knowledge and experience along these lines is very small in comparison to yours, but I am wondering if you are getting the true picture from the field. That is much more difficult for you to do because of your very eminence and "separateness" or isolation from the field, if you get what I mean.

When I started this letter I did not intend to go nearly as far as I have done, but it is with an honest and sincere motive that I have said what I have said. I realize I have not set forth my ideas regarding BT as clearly and comprehensively as I might after careful deliberation or if I could talk it over with you, but I feel sure you will be able to get what I have in mind.

* * * *

I hope to see you at Lyceum this summer. Until then you and Mabel have my very best wishes and kindest personal regards.

Dear B.J.:

Your recent letter was very much appreciated and I am very happy to know you are further interested in some plan of cooperation in the interest of Chiropractic and all good Chiropractors.

I have nothing to sell you except an idea ("get the idea and all else follows"). My previous letter was written to you without the knowledge of any other person except my stenographer, therefore you may know that I have not discussed with anybody the possibilities of you and Dr. Logan cooperating with each other, or any basis for your getting together, therefore I am not yet in position to make any definite suggestions.

I realize you and Dr. Logan may have a number of divergent ideas regarding means to an end, but I am sure both of you are striving for the same end in Chiropractic.

Both of you have a specific scientific system of application both completely in accord with the philosophy of Chiropractic. Both of you are positive, aggressive fighters for pure Chiropractic and its rightful place in the world, technically and legally.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

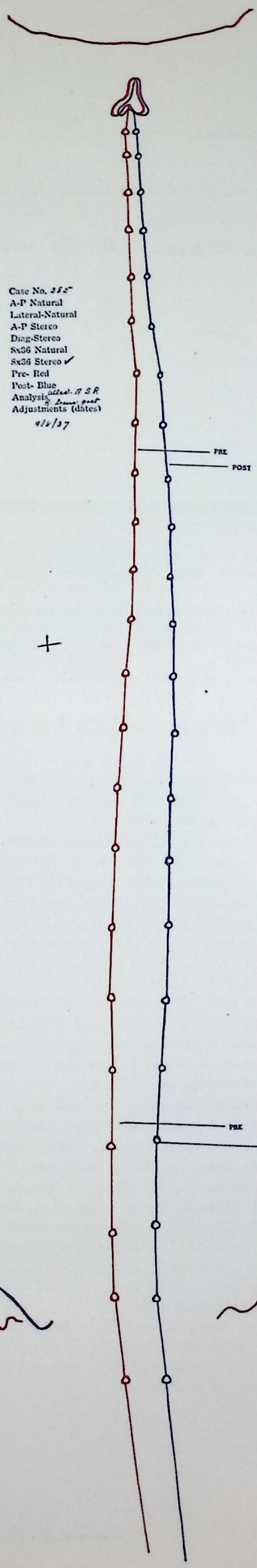
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-2-37 Case No. 355
and 10-1-37

Major:

Adjs. given:
(Dates)
9-8-37



Case No. 355
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas-A S R
R. trans post
Adjustments (dates)
9/8/37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

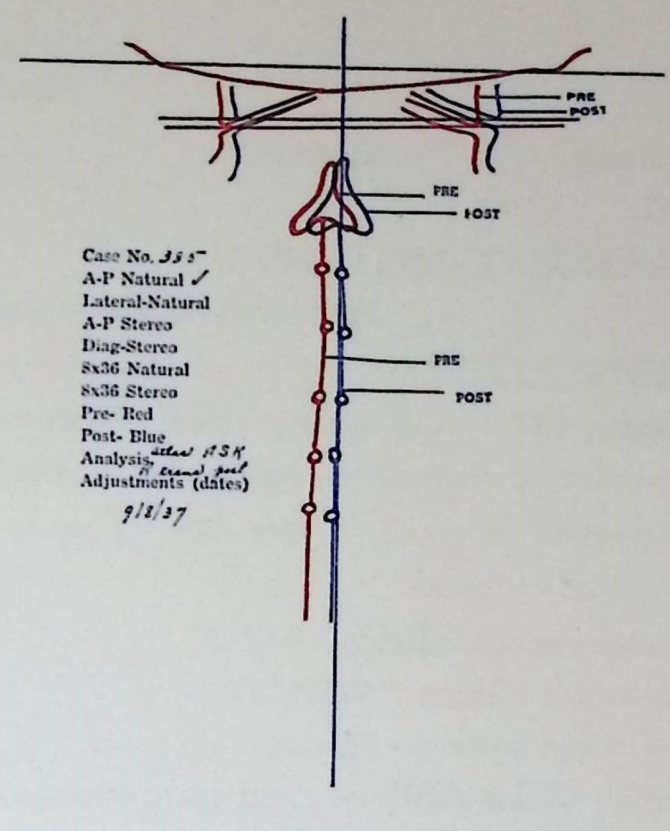
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-7-37 Case No. 355
and 10-1-37

Major:

Adjs. given:
(Dates)
9-8-37



Case No. 355
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
R. trans post
Adjustments (dates)
9/8/37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

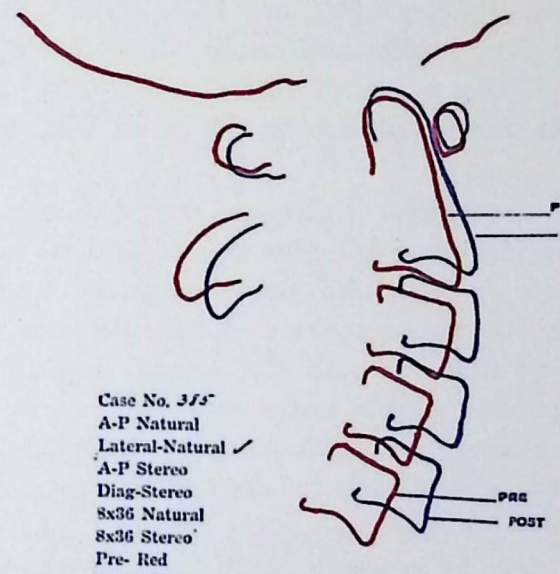
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-7-37 Case No. 355
and 10-1-37

Major:

Adjs. given:
(Dates)
9-8-37



Case No. 355
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
R. trans post
Adjustments (dates)
9/8/37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

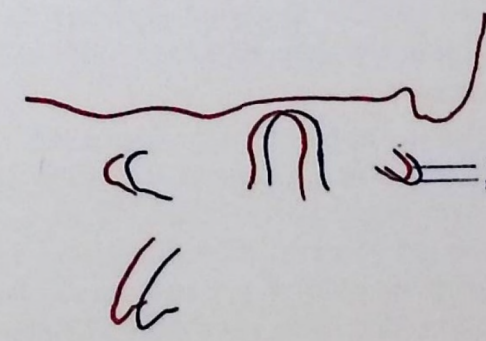
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 7-7-37 Case No. 355
and 10-5-37

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
7-8-37



Case No. 355
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR
R. trans post
Adjustments (dates)
9/8/37

CASE No. 387

Female Married Age 32

9/8/37

ENTRANCE COMPLAINTS:

1. Stomach — sour — flatulence. Diagnosed Duodenal ulcer.

PRESENT ILLNESS:

Began 1927. Off and on since. Story of food and soda ease. Pains worse when stomach empty. Fixed point of distress in epigastrium. Backache associated.

Appetite — good. Ulcer diet. Bowels — Constipated (take Milk of Magnesia). Bladder — Negative. Sleep — good.

Date case entered Clinic: 9/8/37

Date case left Clinic: 9/24/37

Interval, time lapse — 16 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 2

Dates: 9/9/37; 9/14/37

Dr. Logan has between 1200 and 1500 good Chiropractors who are getting good results and can be depended upon in an organized way. Quite a few of these are also HIO men. BT is rapidly gaining momentum among the better Chiropractors in the field.

If a friendly cooperative feeling existed between you two leaders, I believe HIO and BT men in the field would pull together for certain common objectives instead of working in a divided and incoordinated manner as is now the case.

I do not expect that you and Dr. Logan would be able to merge your respective schools and systems of technique at this time because I realize you have many organization problems which seem almost insurmountable for the present.

I believe if you publicly recognized BT as a specific Chiropractic advancement in harmony with Chiropractic philosophy and not contradictory to HIO, and give credit to Dr. Logan for his wonderful work that you would gain many more real Chiropractic friends than you would ever lose.

All good men admire and respect courage and fairness and they don't expect any one man, no matter how good he is, to accomplish all the developments in the great field of Chiropractic. *I believe Dr. Logan would publicly recognize HIO, including the NCM, as great scientific achievement and recognize you as the original developer and titular head of Chiropractic* and do all he could to maintain the good name of PSC, as the Chiropractic fountainhead. Dr. Logan does not care for public personal glory or leadership and I believe he would gladly support you along this line if he was assured that BT was kept clean and undefiled and out of the hands of chiselers and Chiropractic politicians, who play the game for their own selfish gain at the expense of Chiropractic.

I would be glad to approach Dr. Logan with any ideas you may have to suggest for a personal interview between you or any other plan you may have in mind. Perhaps Dr. Craven is the logical man to get you two fellows together as I know he has a profound respect for both of you and knows both of you very intimately. At any rate, you may depend upon me to do anything I can which will lead to a cooperative understanding between you and Dr. Logan. I feel sure that if each of you knew each other as I know each of you, you would find many more good reasons for cooperating than antagonizing and if the Palmer-Logan forces were joined in the field, all good Chiropractors would soon be fighting a common enemy instead of each other.

I sincerely trust you get the big "idea" which I have outlined so fragmentarily. If there are any specific questions you have in mind, do not hesitate to let me know. I shall hold in confidence anything you wish.

Awaiting further word from you, I remain, as ever.

Our Answer to Both Letters

Dear friend ————

I want you to know that I appreciate your lengthy and explanatory letter. It is appreciated. I quite know the sincerity you express and desire me to know.

Men who make their mark and accomplish ultimate objectives, are those who know where they want to go, build their road to go on, who can see and read passing signs on the highway, watch out for the gulleys, keep on the paved road, and keep their heads by refusing to let passing things side-track them from getting to where they are headed. I have had hundreds of opportunities to detour — some better than those promised today. I am what I AM TODAY, AND I STAND IN YOUR ESTIMATION TODAY, because I REFUSED TO DO YESTERDAY THE THINGS YOU SUGGEST I SHOULD DO NOW. It is nice to know that you appreciate the judgment used by me in the past in being able to discard the useless. I wonder what the men of tomorrow will say about the same judgment exercised today? Had I detoured yesterday, I would have pleased the profession yesterday; just as if I detour now, I would please you now. The respect I earn from my friends is admirable. Upon what meat does this respect feed? Was it not a steadfastness that could not be changed by flattery or playing upon my human weaknesses? Was it in my ability to see thru the vital weaknesses in the armour of the wiles of the salesman? Does not strength feed the strong; or do the strong feed on weakness? It is that steadfastness to pursue that has builded my strength. For the same reason that I would not side-track yesterday, I cannot side-track today.

Hundreds of men, like you, on hundreds of ideas in years past, who were just as sincere and honest as you, believing then what you believe now, have tried to convince and sway me down thru the years. You say:

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

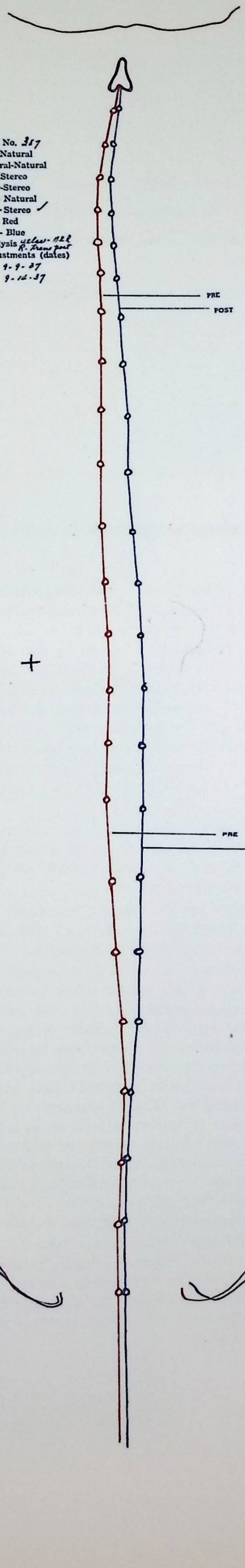
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Comparative graph between 8x36 film spinographs taken 9-8-37 Case No. 387
R STEREO and 9-24-37

Red, 1st PaM
Blue, 2nd xam

Major:

Adjs. given
(Dates)
9-9-37
9-14-37



Case No. 387
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Atlas-ASR R. Trans post
Adjustments (dates)
9-9-37
9-14-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

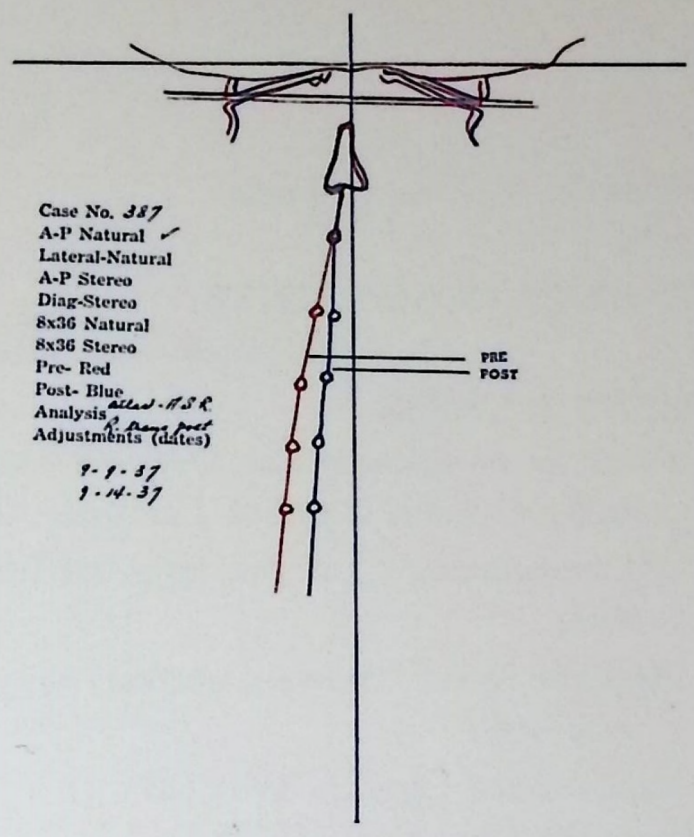
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between A-P Nat. spinographs taken 9-8-37 Case No. 387
and 9-24-37

Red, entering date
Blue, leaving date

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
9-9-37
9-14-37



Case No. 387
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR R. Trans post
Adjustments (dates)
9-9-37
9-14-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

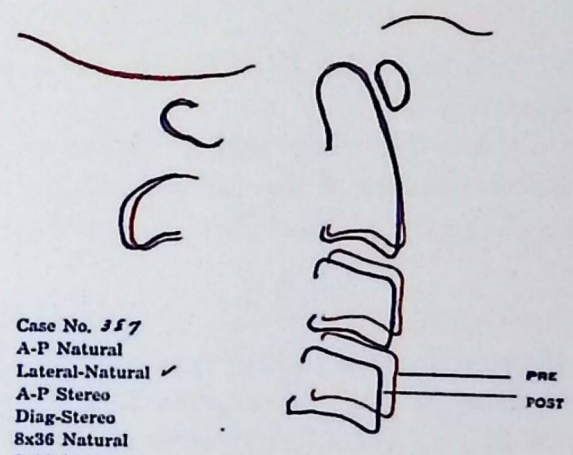
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken 9-8-37 Case No. 387
and 9-24-37

Red, entering date
Blue, leaving date

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates),
9-9-37
9-14-37



Case No. 387
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R Trans post
Adjustments (dates)
9-9 37
9 14-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

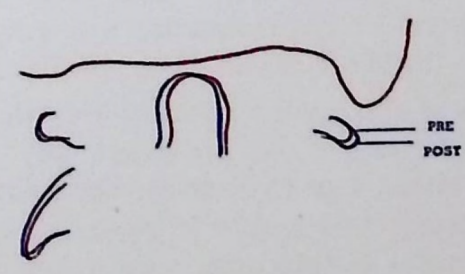
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken 9-8-37 Case No. 387
and 9-24-37

Red, entering date
Blue, leaving date

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
9-9-37
9-14-37



Case No. 387
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R Trans post
Adjustments (dates)
9-9 37
9-14 37

CASE No. 392

Female Single Age 18

9/11/37

ENTRANCE COMPLAINTS:

1. Paraplegia — accident.

PRESENT ILLNESS:

Paralysis — below waist, complete and immediate. Unconscious for short period of time. Taken to Lancaster General Hospital, Lancaster, Pa. Operated second afternoon in hospital. Compound Fracture. Laminectomy?, and put into cast for six weeks. Sent home. Comes to Clinic without any other treatment.

Appetite, good. Bowels, enemata only, involuntary. Bladder, Catheter, two daily, involuntary, and Sleep: very well.

Date case entered Clinic: 9/11/37
Date case left Clinic: 10/12/37
Interval, time lapse — 31 days
Analysis: Atlas ASL — left transverse posterior
Adjustments:1
Dates: 9/14/37

"All that you have done for Chiropractic and for sick and suffering humanity".

"I believe that your name will go down in history as one of the greatest benefactors of the human race".

"I realize that you still are the greatest leader in Chiropractic".

"To maintain you as the leader of Chiropractic".

Why? Because I dared to investigate all ideas and hold fast to the truth in them, if any. Accepting if it fit, and discarding if they did not fit into the Chiropractic principle and practice, is what makes for Chiropractic leadership. I could have agreed then, with the many, as I could now agree with you. Suppose I had accepted every Tom, Dick, and Harry thing that came along, which other men believed in, and who thought because they did, I should. Would I not now be in the position they are in? Each man is the maker of his own destiny by the way he shapes that destiny; by adherence to or denial of the facts in every instance he is called upon to face.

But let us hesitate and ask ourselves: Where are these many men with their many ideas of years past, who tried to sway my judgment? Where is THEIR "Leadership"? Our ranks have ALWAYS been filled with them, as it is NOW filled with them. That's why our ranks are filled with followers and why we possess so few leaders. Look over the rank and file; pick out its "leaders". How many do you point to ? And those that you can — WHAT makes them where they are?

What a drain upon society the thief, murderer, insane are. Not only do they take producers and make partial non-producers of them, but they drain the income from producers to support them. Much thot is given by the sane to take care of the insane; the honest man must waste valuable time building pens for the thief and murderer. I have work to do. I know what that work is. Any one life is short, and the helpers few. If all my time and thot could be devoted to the construction of things, I might get some of my work done. But frequently I am compelled to stop work and play on some idea which many think variable; investigate it, find its relative place in the scheme of things, and then dole its solution out to unwilling minds who prefer not to listen. This takes my time away from work, does me good because then I know, but does little if any good to him who prefers not to listen. However, no movement can be measured by the hour. It must be weighed by the century. The present hour is not important. Tomorrow is. In spite, however, of the handicaps of time I believe wasted, I still have climbed the scales of accomplishment and achieved no little distinction in your eyes. I wonder how that came about? What was the process of addition or elimination; subtraction or multiplication; simplicity or complexity used, which reached that pinnacle — if such it be? Could you explain it to me, for I really want to know.

You need not fear my "criticism, which I know can be very sharp and subtle, etc." All you need fear is my truth of conditions, circumstances, etc. To break THAT down is difficult, hard, and oftentimes impossible.

I am not unmindful of the interest you have in the profession's welfare, in The P.S.C.'s welfare, as well as mine. For all this, you have my most grateful appreciation.

That which prompts men to move is their understanding of an issue. No man but a fool would refuse to move when he knew it was to his better interests to move. No man would refuse to move upward, unless he be stubborn or his pride forbid. Nobody has yet called me a fool — stubborn or unable to yield my pride to a bettering condition. I have reversed myself so often, on so many subjects, that I couldn't have any "pride of opinion" left if I wanted to. That is the cross-tie between the profession and me now. I reversed myself on so many subjects so often, on things worth while in years past, and they didn't or couldn't follow. It is such as that which has made the profession say I am never stable and have nothing final to the development of Chiropractic. I have NO pride of opinion — am only "stubborn" on what my experience and judgment dictate is right.

This is your FIRST slip. Will others follow? When and where will you end? Every "beginner" has a "beginning" when he "begins" to "begin", who faced the same problem YOU faced — somebody presented something, he thought it good, he bought, later it proved no good. And, what is more, every

(Sheet 7)

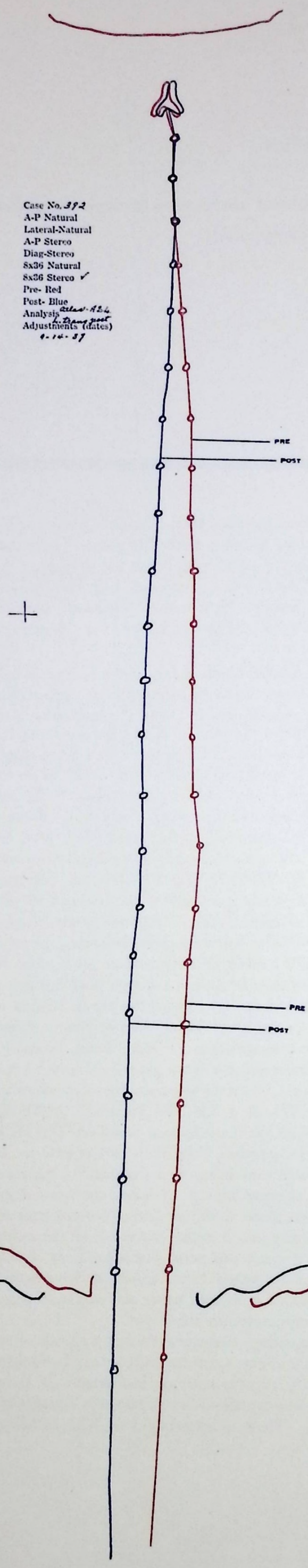
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st visit
Blue, 2nd visit

Comparative graph between 8x36 film spinographs taken 9-11-37 Case No. 392
and 10-12-37

Major:
Adjs. given
(Dates)
9-14-37



Case No. 392
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas ASL
L. trans post
Adjustments (dates)
9-14-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

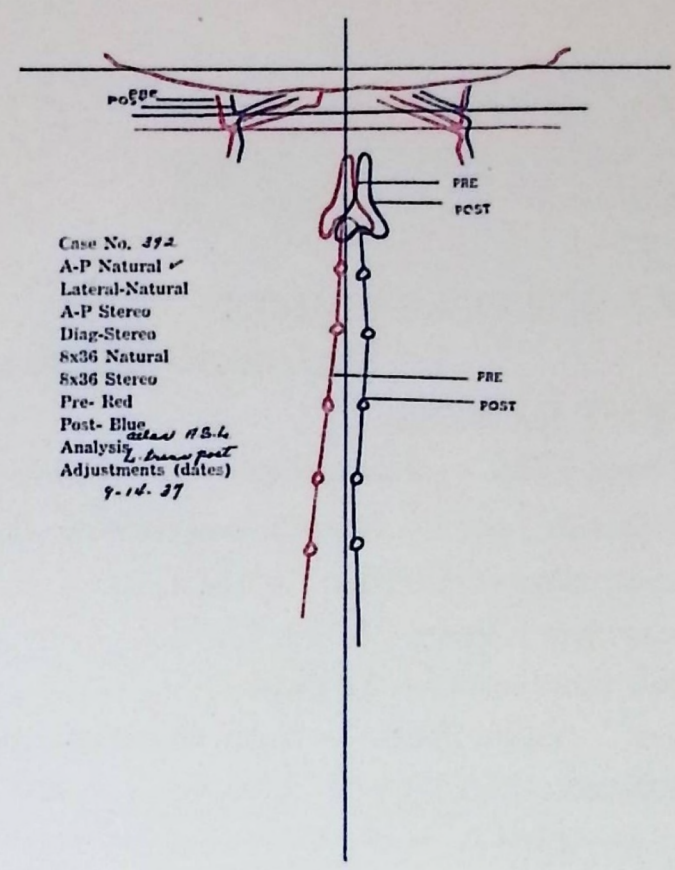
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-11-37 Case No. 392
and 10-12-37

Major:
Adjs. given:
(Dates)
9-14-37



Case No. 392
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. trans post
Adjustments (dates)
9-14-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

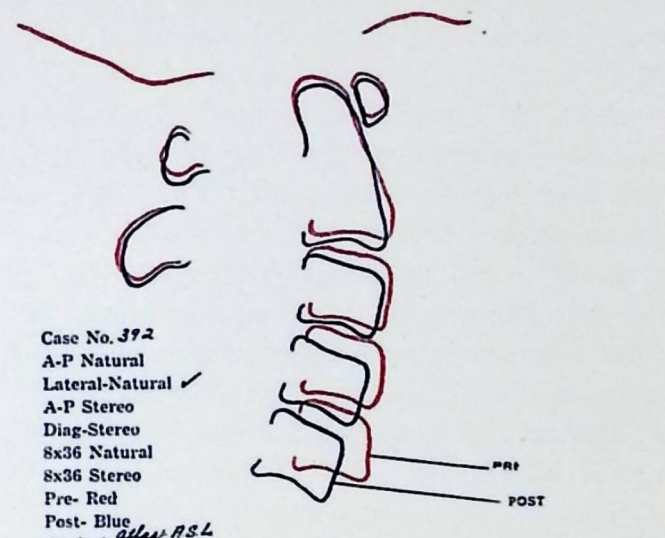
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-11-37 Case No. 392
and 10-12-37

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
9-14-37



Case No. 392
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. trans post
Adjustments (dates)
9-14-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

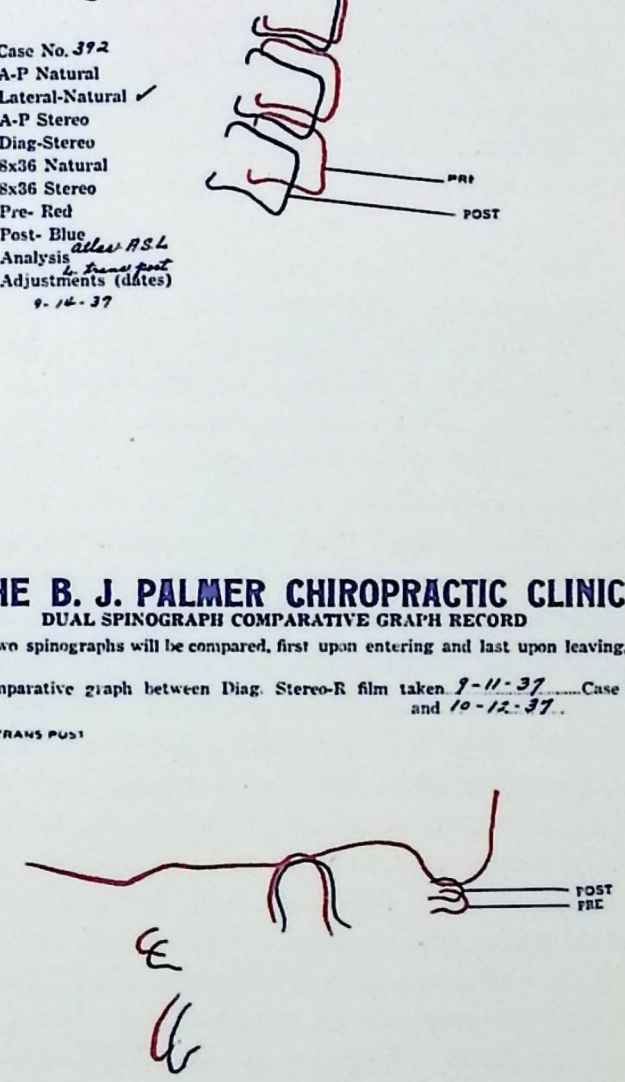
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-11-37 Case No. 392
and 10-12-37

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
9-14-37



Case No. 392
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. trans post
Adjustments (dates)
9-14-37

CASE No. 395

Male Single Age 12

9/18/37

ENTRANCE COMPLAINTS:

1. Deafness, eleven years following Double Mastoiditis.

PRESENT ILLNESS:

Dates 1926 — Mastoiditis. Progressively getting deaf, and stone deaf three months after operation.

Appetite, good. Bowels, one to two daily. Bladder, negative. Sleep, well.

Date case entered Clinic: 9/18/37

Date case left Clinic: 9/30/37

Interval, time lapse — 12 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 2

Dates: 9/20/37; 9/29/37

---

time everybody bought, it was because "it WAS Chiropractic" — the "beginner's" idea of Chiropractic. The "master" evidently does not know Chiropractic. Because of many minds, many men, many kinds of Chiropractic strewn over the highways and by-ways. Of course I know that YOU know. Because YOU know, that's evidence that I DON'T know. The woods are full of those who do and don't know. And the "do's" consist of everything; the "don'ts" consist of little. After all this has been settled, then what? The "do's" either keep on going down, or they will retract. It takes little courage to become a "mixer". All he has to do is gravitate. It takes more back-bone than the average Chiropractor has to retrace and retract. The don'ts have nothing to retrace or retract. The ability to separate chaff from wheat is what marks the "beginner" and the "master". Of course I know YOU have that ability for you have told me so. The "beginner" IS a "beginner" because he "begins" doing the things he shouldn't. The "master" IS the "master" because he IS "master" of that ability that knows the difference between what IS and what ISN'T. I know YOU know that difference — that's why YOU bought. I know I DON'T KNOW that difference — that's why I DID NOT buy. Who knows — some day YOU may be the "master" and I may be the "beginner". YOU know what's good and bad, right and wrong. But so does every other fellow know the same— didn't they buy radionics because the Lincoln sold them? That's why they ALL buy. And that's exactly why "Chiropractic" is no longer Chiropractic.

What may be construed to be "right" or "wrong" are questions of understanding of the problems and solutions of them and, after all, that is a question of depth to which one may or can or does go, to know its all and many ramifications. No one now living has gone as far, as deep, or as thoroughly into the question of health and dis-ease as I, regardless of whether it be Chiropractic or not. And this is no pride of opinion. I know more of its many and all angles than any other living. It is that DEPTH of understanding which saves me from pit-falls that my friends sincerely try to drag me into, but which my eagle eye saves me from. Time — up till THIS time — has proved that judgment sound. THIS time it may fail, but the same judgment that saved yesterday is saving today.

And so you say I am a "master" and you are a "beginner", and yet the "beginner" suggests many things to the "master". This is always sound. The "master" IS a "master" because he DOES listen to his "beginners" embryo. But the fundamental remains that the "master" IS the "master" because he is able to weigh the relative opinions of the "beginner", pass them through the mind of the "master" and know the difference in judgment between the "many-sided problems" that the "master" has on HIS hands as against the few the "beginner" is BEGINNING to see. That's the difference between a "beginner" and the "master".

Millions die and millions of fond friends remain behind. The millions who linger want to contact those "gone ahead". Millions attend spiritual seances and "communicate" with their loved ones "beyond the river". And how consoling it is to know they BELIEVE they do. There must be a great comfort in that ability to give consolation to those who want to do that kind of thing. Nobody would call those millions fools, stubborn, or disbelievers, or possessing a pride of opinion. Some of the rest of us, however, have studied the same black arts, have known how "spooks" are manufactured; how ectoplasm is created. WE WHO KNOW WHAT WE KNOW are not stampeded in our judgments, reason, or logic. To attempt to tell these believers that it is manufactured artificially, would be a waste of time. Many of these believers go on believing, go to their graves believing. I am convinced they believe what they want to believe; and what they believe is a question of horizon and ability to understand. Those who know the fraud behind materialization spiritualism are few. Those who believe in spiritualism are numbered by the millions. I have been intimate with the spirtualistic movement for forty years—I know. I have exposed many — yet they continue to invite me to speak to their camps, KNOWING THAT I KNOW WHAT THEY KNOW — because they KNOW I am honest, based on THEIR knowledge, and still am not stampeded by their hokus pokus. Interesting?

I think I have the ability to secure facts, valuate them, and put them where they belong. I know the keen distinctive difference between those ideas that befuddled my friends and those I care to fight shy of. I know the value of the opinions of my friends which I want and need, but I need my own self-respect more — especially when I can confront them with their own wisdom and wait for time to prove my conclusions sound. I do not sprint to my marathon objectives.

Had an interesting experience this past month. Several of my friends told me about a certain instrument I should secure and use. The early reports had me buffaloed. If they sustained themselves, it was worth while. The work I was told about had me mystified. They temporarily had ME believing some of

(Sheet 7)

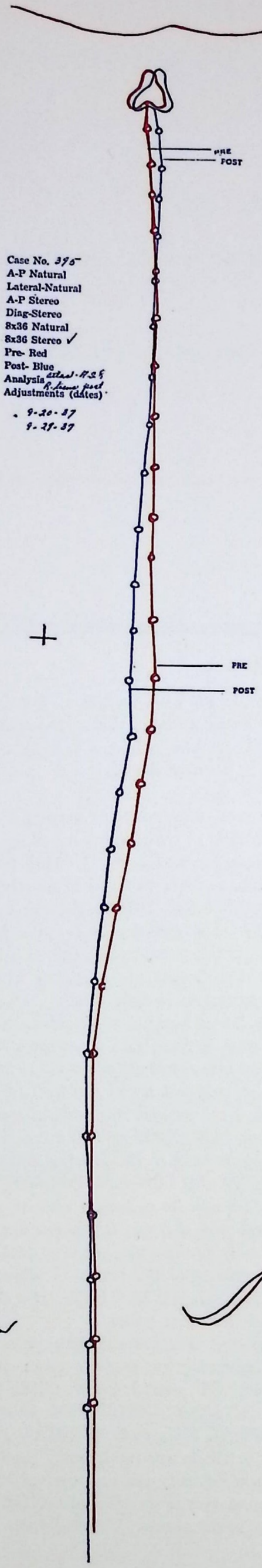
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 film, Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 9-18-37 Case No. 395
and 9-31-37

Major:
Adjs. given:
(Dates)
9-20-37
9-29-37



Case No. 395
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas-A.S.P. R. lateral post
Adjustments (dates)
9-20-37
9-29-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

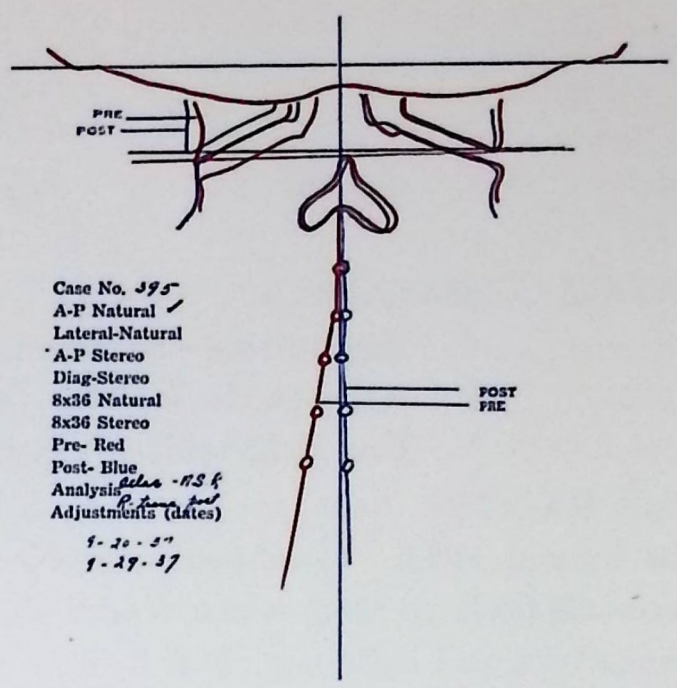
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 9-18-37 Case No. 395
and 9-24-37

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
9-20-37
9-29-37



Case No. 395
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A.S.P. R. lateral post
Adjustments (dates)
9-20-37
9-29-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

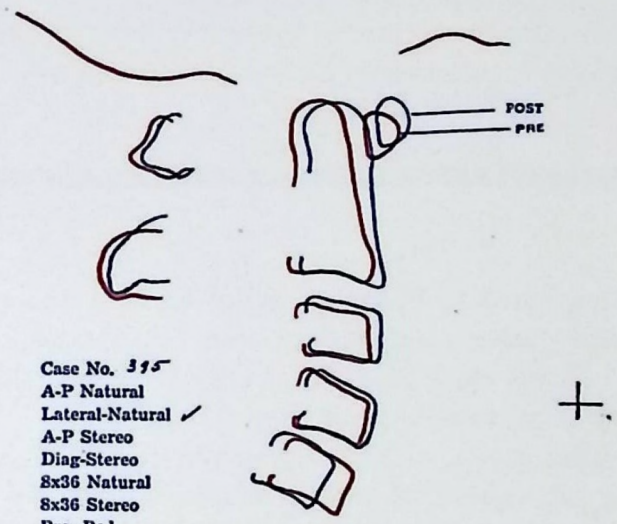
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 9-18-37 Case No. 395
and 9-30-37

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)
9-20-37
9-29-37



Case No. 395
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-A.S.P. R. lateral post
Adjustments (dates)
9-20-37
9-29-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

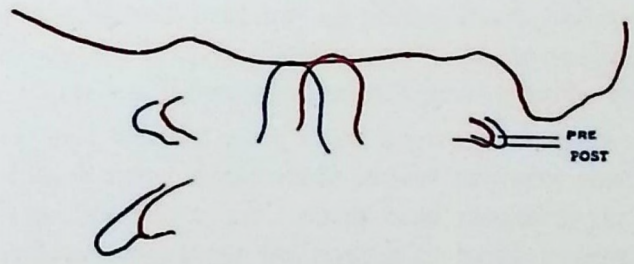
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 9-11-37 Case No. 395
and 9-30-37

Major:

Adjs. given:
(Dates)
9-20-37
9-29-37



Case No. 395
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas A.S.P. R. lateral post
Adjustments (dates)
9-20-37
9-29-37

CASE No. 396

Male Married Age 43

9/20/37

ENTRANCE COMPLAINTS:

1. Right foot — Metatarsal and Cuneiform joint trouble.
2. Node on the left tibia (upper 1/3 posterior).
3. Pain in left side which extends post under ribs.

PRESENT ILLNESS:

Foot injured 1932. Crushing. Troubled since and getting worse in past six months. June, 1937, discovered node on tibia, which is sore all the time.

Pain in back and right side off and on.

Appetite — good. Bowels — 1 daily. Bladder — Nocturia 1. Sleep — 1st part of night okay; awakens early.

Date case entered Clinic: 9/20/37

Date case left Clinic: 10/5/37

Interval, time lapse — 15 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 1

Dates: 9/21/37

---

them. Of course I had to "believe" what I heard and saw, but could not explain, especially when I was "convinced" it DID possess merit. However I took six weeks to ferret the "mystery", and now it is as simple as day. It just didn't "work" when it was broken down. I had overlooked the simple, obvious. I heard glowing tales about its accomplishments here and there— some of whom wrote telling me what I should do. Well, I followed their advice — and saved myself!

The above instrument referred to is the Ellis-Micro-dynameter. I know men who have them who say "It measures with extreme delicacy and accuracy the total amount of life force in the body —". Some go so far as to claim that "it has helped — to get a better understanding of each patient's case and enables the patient to determine his own progress." It is the minds that make such rash satements as these, that chase other rainbows as well. There is no possible constant in any reading with the Ellis. Nobody can make one. With every reading a variable, no two times alike, where is "the accuracy" of anything? Minds run riot when they make such statements. The same mind that could have made the above quotation, could also tell me BT was the great thing; but I am prone to say that the mind that can't see thru the fallacy of the "accuracy" of an Ellis, couldn't see thru the fallacy of anything else equally as fallacious.

And what a surprise you got with your FIRST lesson. What a surprise I have received more than once, with first lessons I have had on experiments and tests. Take the above series of experimental tests I have just finished conducting. Friends of mine purchased the equipment. You see, they knew it was Chiropractic. They suggested I buy. I? I did NOT "buy"; but I did call upon and talk to the inventor, asked him to loan me an outfit which he did for six weeks. At first I thought I had something. I continued my research. The farther I went, the less it stood up. The farther I went, the less reliable it became. Now came courage! I wrote the manufacturer a clean-cut, frank, and honest letter of what I found. There was a time when I would have conducted the research and then *published* my findings to protect the "beginner" from "beginning". Not so, any more. The reason is not hard to find. The "beginner" IS a "beginner" because he IS a "beginner". Desiring to be a "beginner", he will! All the king's horses and all the king's men! *Today I investigate because the "master" wants to continue to be the "master".*

In your second letter, you refer much to getting Dr. Logan and me together, etc. Nothing of that kind is necessary. When I felt the conditions warranted, and I was justified for and in behalf of Chiropractic, I have never faltered in my footsteps or hesitated for one moment TO GO DIRECT to the party involved and make MY OWN negotiations. I never like back-door methods to an issue. One common fault I have is being too blunt the other way. If Dr. Logan has anything which I become satisfied is a step upward to further develop, elucidate, or defend Chiropractic, I shall not hesitate to establish direct contacts to that end. However, so long as I am convinced to the contrary, you nor anybody else could edge me up to something which has not, cannot, and will not stand the test. You could ably quote Spencer. I do not condemn "without investigation". I never have; I do not now. I KNOW BT. I knew it long before Logan had it. I knew it back in the Hurley and Saunders days. I KNOW IT NOW AS LOGAN TEACHES IT, as late as just last month. I know its principle and its practices. I know what it is you think you see; you think you do; and you think you get. I know why it does not, cannot, and will not stand up. You suggest some 1500 BT users. I admit frankly that there have been THAT MANY BUYERS. But BUYING and continuing to use, are different issues.

I contend, for HIO, that it is an all-complete principle and practice and needs no bolstering or support from any other method. Practically every BT user I know USES IT OCCASIONALLY AND ALWAYS THEN IN CONJUNCTION WITH CHIROPRACTIC, such as HIO. And why the crutch? When two methods are used, which one gets the case well? Neither you nor anybody else can answer intelligently and correctly. I suggest you drop HIO for ONE YEAR; never adjust a vertebral subluxation. Confine your work to

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

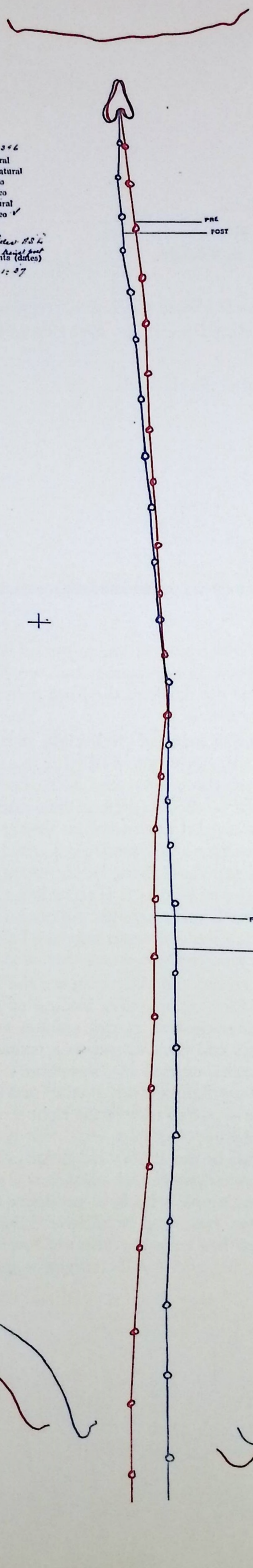
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Comparative graph between 8x36 film spinographs taken 9-20-37 Case No. 396
and 10-5-37

Rad. 1st 8x36
Blue, Final 8x36

Major:

Adjs. given:
(Dates)
9-21-37



Case No. 396
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
9-21-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

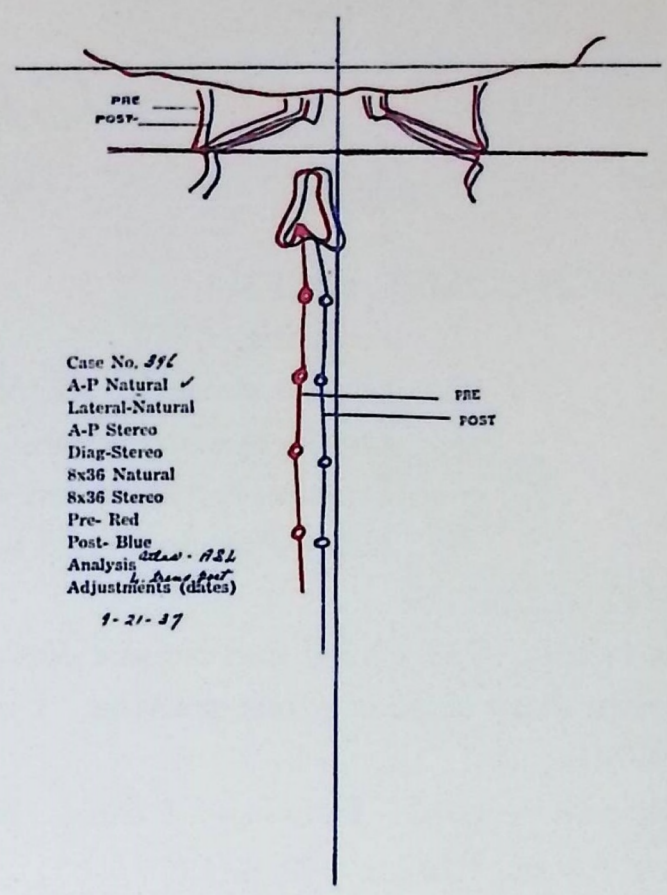
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping between.)

Comparative graph between A-P Nat. spinographs taken 9-20-37 Case No. 396
and 10-5-37

Red, entering date
Blue, leaving date

Major:

Adjs. given:
(Dates)
9-21-37



Case No. 396
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas - ASL
Adjustments (dates)
9-21-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

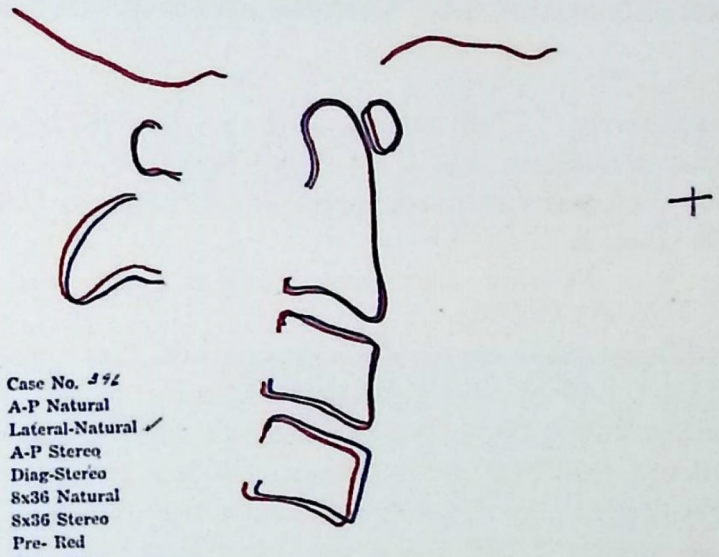
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Lat. Nat. spinographs taken 9-20-37 Case No. 396
and 10-5-37

Red, entering date
Blue, leaving date

Majors

Adjs. given:
(Dates)
9-21-37



Case No. 396
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas - ASL
Adjustments (dates)
9-21-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

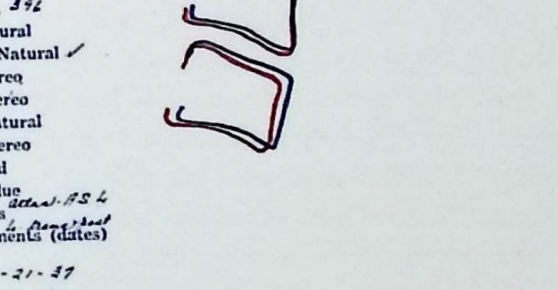
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Comparative graph between Diag. Stereo-R film taken 9-20-37 Case No. 396.
and 10-5-37

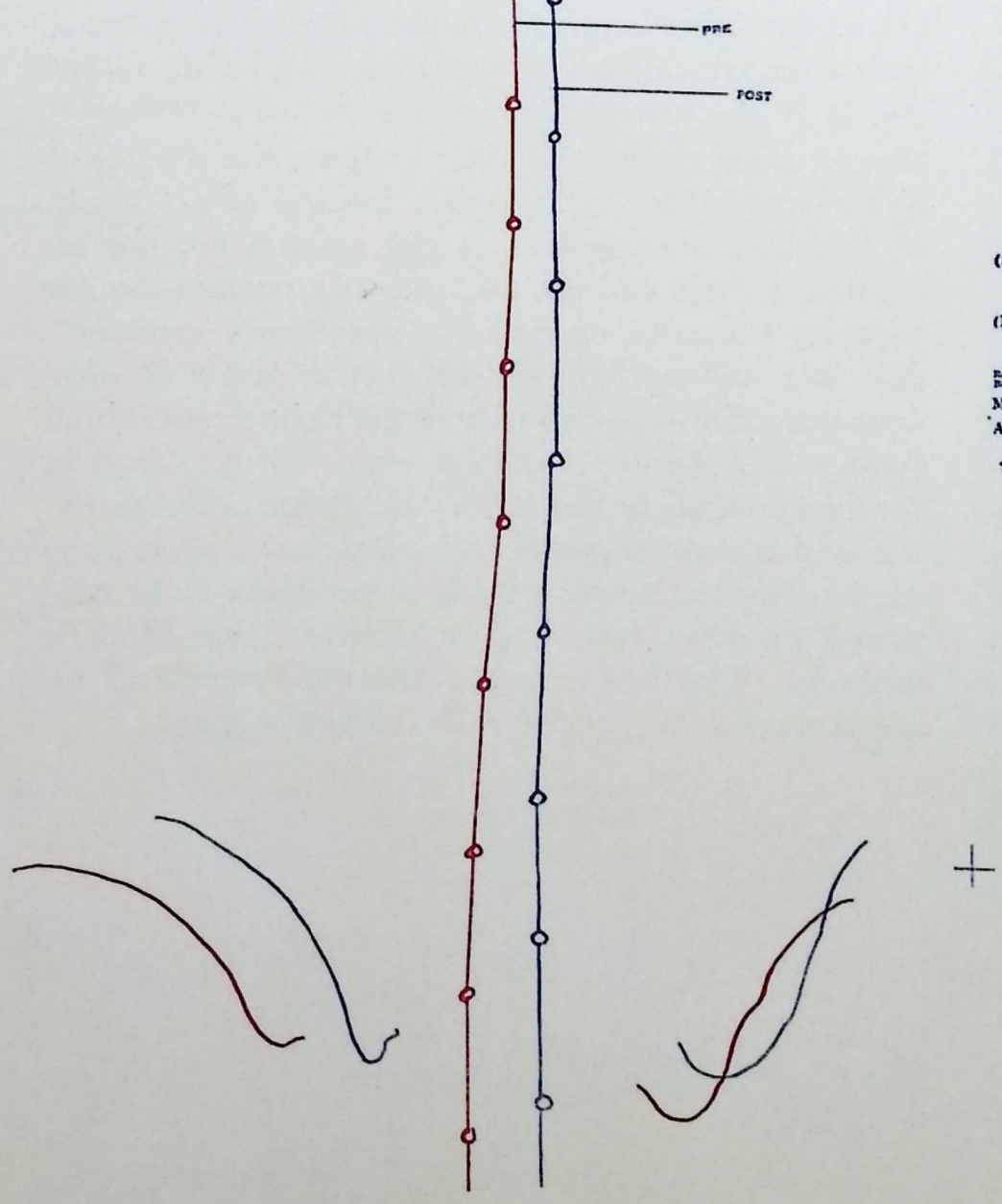
Red, entering date
Blue, leaving date

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
9-21-37



Case No. 396
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas - ASL
Adjustments (dates)
9-21-37



CASE No. 401

Male Single Age 58

10/5/37

ENTRANCE COMPLAINTS:

1. Arthritis.
2. Gas on stomach. Extremely nervous.
3. Dizziness when prone. Burning sensation top of head.
4. Pressure rectum when walking similar to desire to stool.
5. Heart Rate increased to 100 after breakfast for 3 to 4 hours.

PRESENT ILLNESS:

Sat in sun, 1937 (July) and became dizzy. Filled with gas and crowded heart which was irregular and has been dizzy since in prone position. Gas for past three months. Rectal pressure. Heart rapid for many years.

Appetite — good. Bowels — 1 daily. Bladder — Negative. Sleep — Fairly well.

Date case entered Clinic: 10/6/37

Date case left Clinic: 10/20/37

Interval, time lapse — 14 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 2

Dates: 10/6/37; 10/18/37

BT exclusively. Then take inventory. No BT man has yet had that confidence that I have ever heard of. I doubt if you would. Yet, many men are running HIO practices WITHOUT EVER using B.T.

Rip Van Winkle once said: "It's a great world IF you DON'T WAKEN!"

Nothing written has personal application. It is written in general terms, and applies generally and alike to all. You have written in that spirit to me, and I return the compliment. Time has always been the great leveler. It has proved so in your opinion of me. It will prove itself so in my opinion of you. So, suppose you let TIME march on — it always has — it will now.

It was mighty fine of you to write me. Do so at any future time. Feel free to come here any time.

As ever,

Findings Based on Research

The above article is based on our findings in research work conducted with the electroencephaloneuromentimpograph.

The electroencephaloneuromentimpograph is an instrument for measuring and evaluating the volume, rhythm, pulsation, and recording flowing nerve force. It can be used both before and after adjustment; before and after any form of treatment to prove relative comparative difference of its effect upon that nerve supply stream.

We have conducted such research tests on persons, both before and after Chiropractic adjustment; both before and after "basic" treatments; both on efferent and afferent sides of nerve force cycle. We further conducted research tests with the suggested BT yourself treatment method herein stated and we find it accomplishes same net result as the basic treatment mentioned in above article.

Upon proper showing of credentials, at time of our convenience, we can conduct further research tests upon request of those interested and who believe in basic treatments — they to present their cases and give their own professional treatments under our necessary laboratory conditions to produce accurate findings which we will stipulate; giving basic treatments in any form they please, so long as it is according to standard Hurley-Saunders-Logan teachings and not an evasion of fact; after which we will again take the before record and B.T. the same patient or another if desired, and take an after record and then compare the records of both methods for a comparative likeness of net result. If, however, investigators in our opinion are not interested in facts and want to pursue a controversy for publicity purposes, or that of "accepting a gauntlet", then WE will not be interested further and shall withdraw our offer — we to reserve the right to publish all findings and reproduce graphs, etc. We here shall in the final analysis be the arbiter and judge as to the sincerity of our investigators and whether it is worth trying to convince people who have no desire to be convinced of what facts are or relative value of their methods. This has been our attitude towards all research work so far, and it will continue as such.

(Sheet 7)

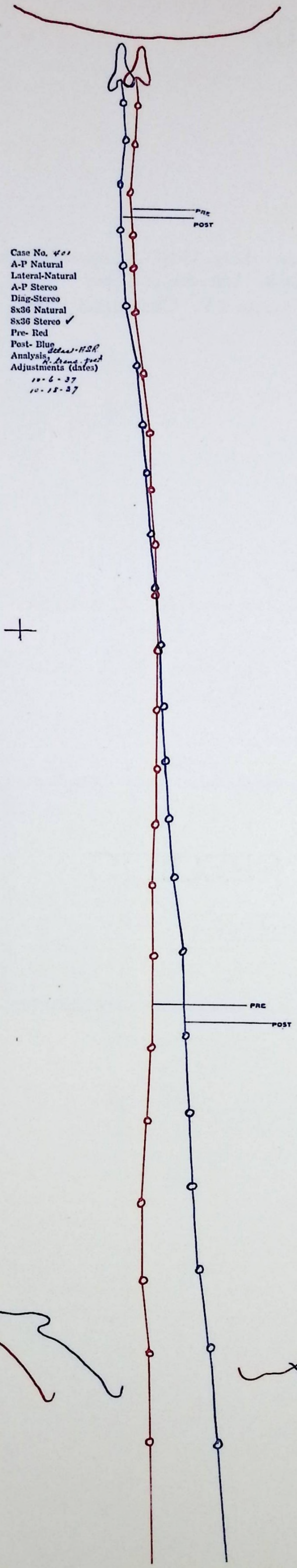
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st field
Blue, 2nd field

Comparative graph between 8x36 film spinographs taken 10-6-37 Case No. 401
and 10-20-37

Major
Adjs. given (Dates)
10-6-37
10-18-37



Case No. 401
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Allen-HSR
R. Frame post
Adjustments (dates)
10-6-37
10-18-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

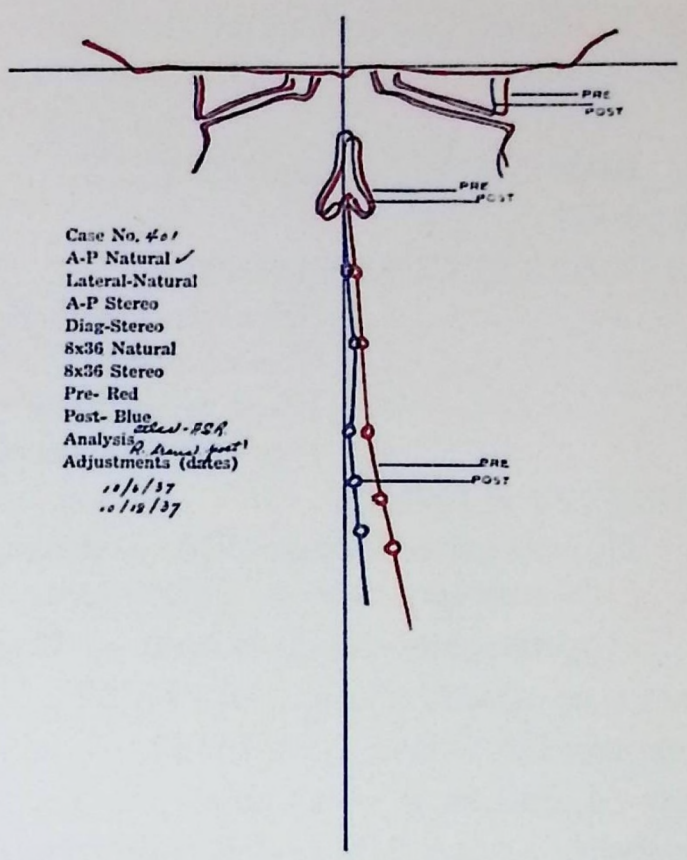
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-6-37 Case No. 401
and 10-20-37

Major:
Adjs. given: (Dates)
10-6-37
10-18-37



Case No. 401
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Allen-HSR
R. Frame post
Adjustments (dates)
10/6/37
10/18/37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

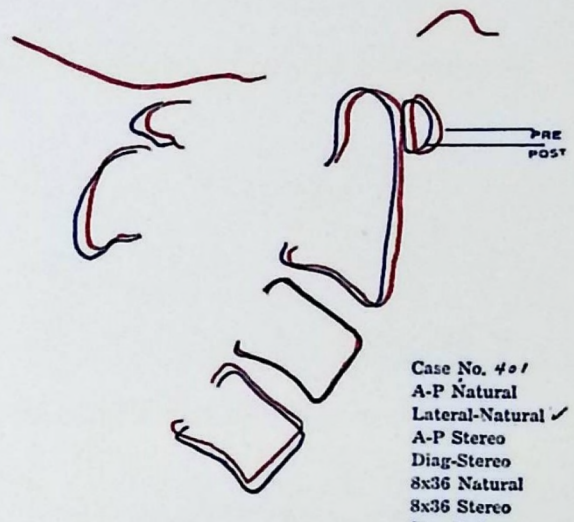
DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-6-37 Case No. 401
and 10-20-37

Major:
Adjs. given: (Dates)
10-6-37
10-18-37



Case No. 401
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Allen-HSR
R. Frame post
Adjustments (dates)
10-6-37
10-18-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 10-6-37 Case No. 401
and 10-20-37

Major:
Adjs. given: (Dates)
10-6-37
10-18-37

Case No. 401
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Allen-HSR
R. Frame post
Adjustments (dates)
10-6-37
10-18-37

CASE No. 402

Male Married Age 65

10/11/37

ENTRANCE COMPLAINTS:

1. Hypertension — Spring 1936.
2. Constipation.
3. Large quantity of urine at night (2-3).
4. Nervous and sleepless.

PRESENT ILLNESS:

Hypertension Spring, 1936 — Asymptomatic. No known cause. May, 1936 — Slight stroke momentary. November, 1936 — Severe stroke and in bed for three months. Left side paralysis.

Appetite decreased. Bowels — Constipated. Bladder — Nocturia 2-3. Clear urine. Sleep — restless.

Date case entered Clinic: 10/11/37

Date case left Clinic: 12/14/37

Interval, time lapse — 64 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 2

Dates: 10/12/37; 11/11/37

CHIROPRACTIC IS SPECIFIC
OR IT IS NOTHING

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

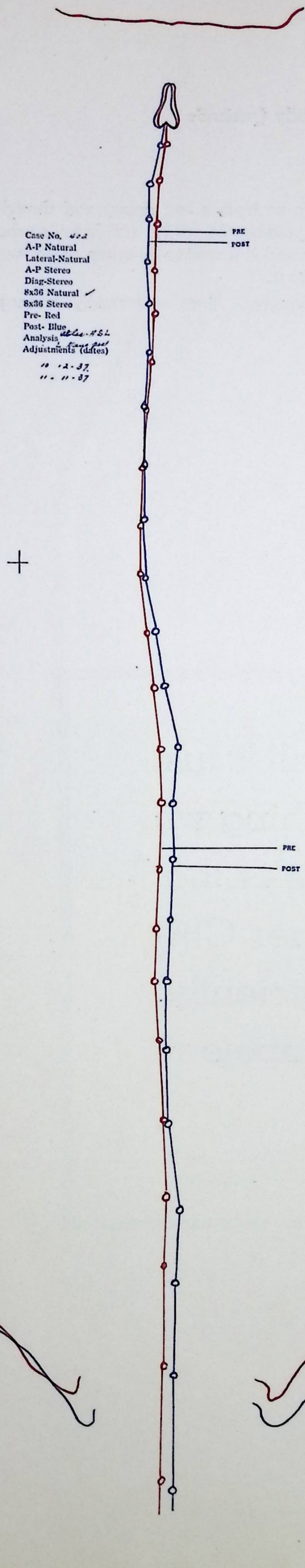
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36 Blue, 2nd test

Comparative graph between 8x36 film spinographs taken 10-12-37 Case No. 402
and 11-11-37

Major

Adjs. given: (Dates)
10-12-37
11-11-37



Case No. 402
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
10-12-37
11-11-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

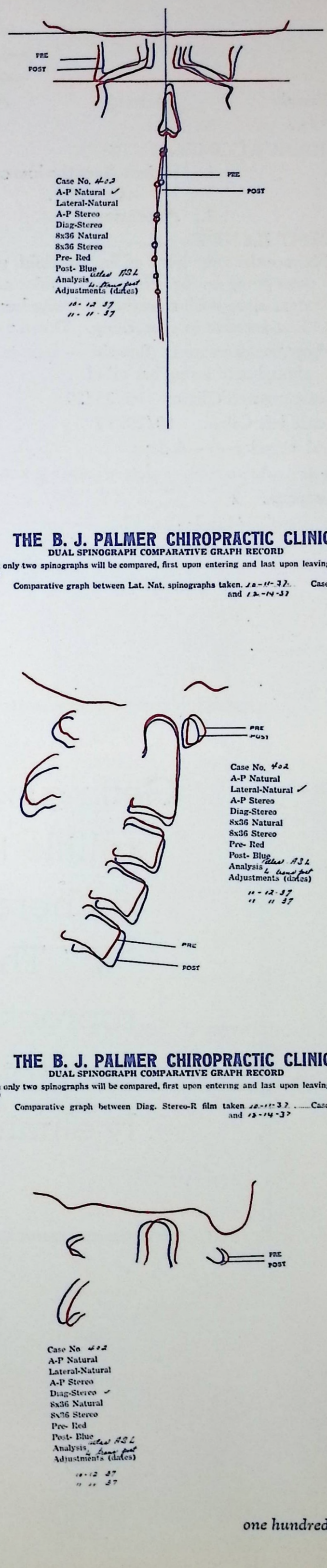
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-11-37 Case No. 402
and 12-14-37

Major: ATLAS ASL TRANS POST

Adjs. given: (Dates)
10-12-37
11-11-37



Case No. 402
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
Adjustments (dates)
10-12-37
11-11-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-11-37 Case No. 402
and 12-14-37

Major:

Adjs. given: (Dates)
10-12-37
11-11-37

Case No. 402
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
L trans post
Adjustments (dates)
11-12-37
11 11 37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

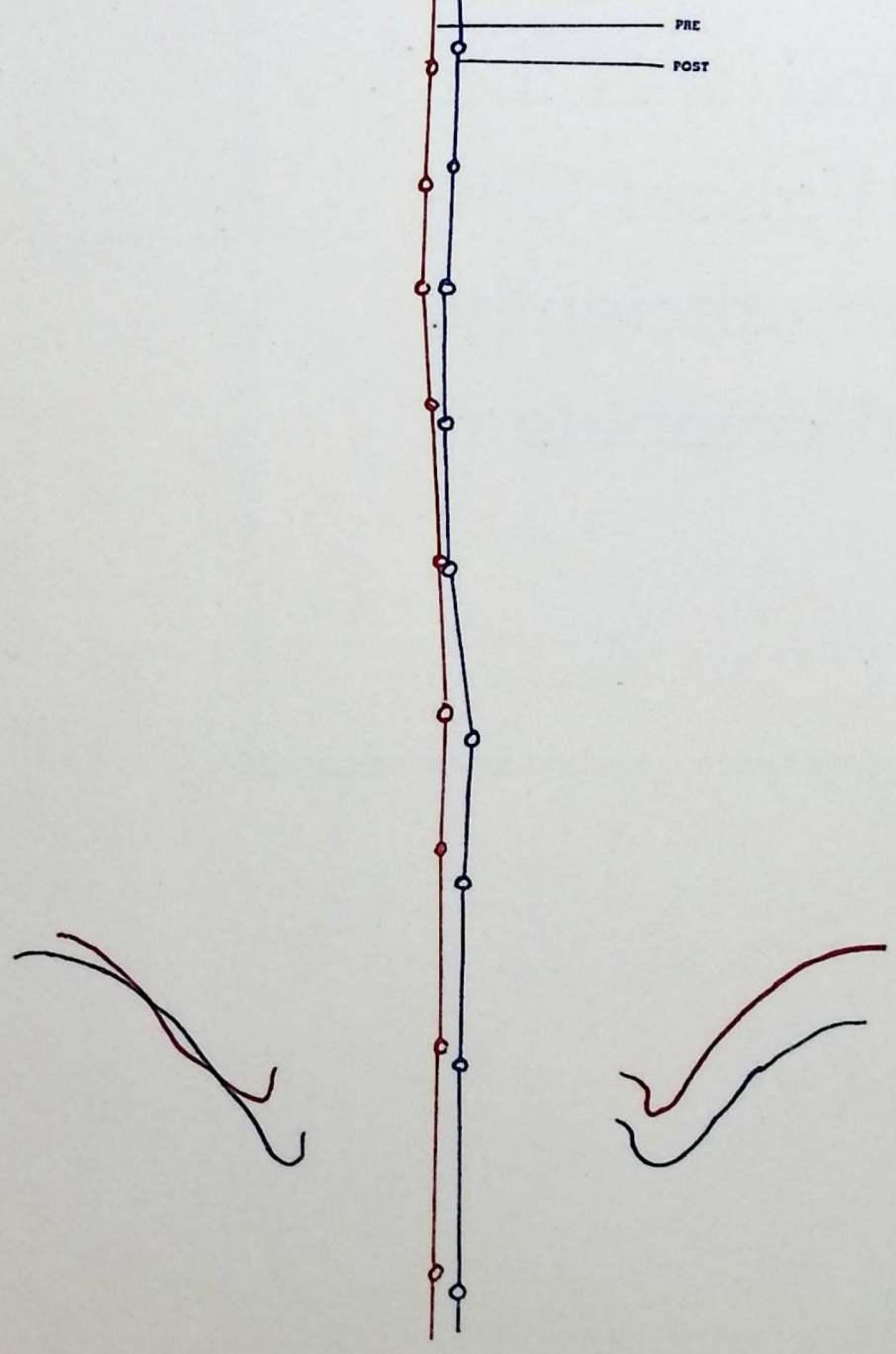
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 10-11-37 Case No. 402
and 12-14-37

Major:

Adjs. given: (Dates)
10-12-37
11-11-37



Case No 402
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASL
L trans post
Adjustments (dates)
10-12 37
11 11 37

CASE No. 406

Female Married Age 32

10/23/37

ENTRANCE COMPLAINTS:

1. Patient fears the loss of mind. Overactive mentally (patient's statement).
2. Anorexia.

PRESENT ILLNESS:

Six months after birth of second child, patient wakened from sleep as from a bad dream and thought she was going to die. Improved under adjustments. Recurred September 24, 1937, and has disturbed patient since with thoughts of losing her mind. Patient gets dizzy and is forced to lie down when working. Lost interest in everything. Doesn't care to dress up and admits it.

Appetite decreased. Bowels — once in 2-3 days. Bladder — Negative. Sleep — normally; wakens with thoughts of losing her mind.

Date case entered Clinic: 10/23/37

Date case left Clinic: 10/29/37

Interval, time lapse — 6 days

Analysis: Atlas ASL — left transverse anterior

Adjustments: 2

Dates: 10/25/37; 10/28/37

Getting sick people well is just a little the easiest thing we do here IF — and, it is that "IF" The B. J. Palmer Chiropractic Clinic efficiently, accurately and competently eliminates.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

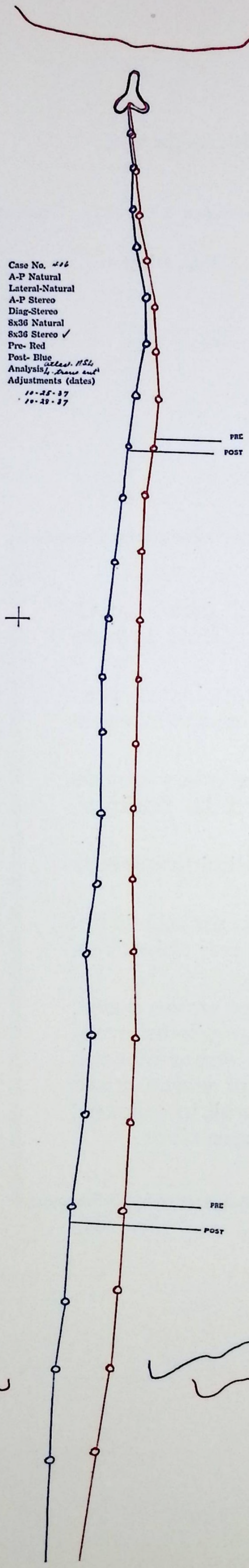
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Prel. 1st 8x36
Blue, Final 8x36

Comparative graph between 8x36 film spinographs taken 10-23-37 Case No. 406
and 10-25-37

Major:

Adjs. given:
(Dates)
10-25-37
10-25-37



Case No. 406
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis allen. HSL
L. transv. ant.
Adjustments (dates)
10-25-37
10-25-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

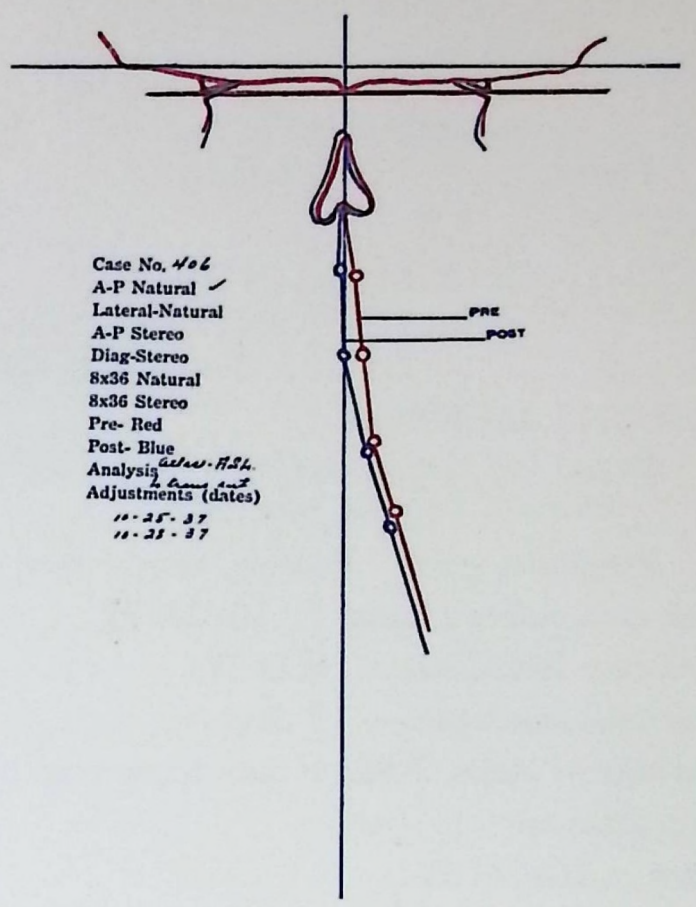
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-23-37 Case No. 406
and 10-25-37

Major:

Adjs. given:
(Dates)
10-25-37
10-25-37



Case No. 406
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis allen. HSL
L. transv. ant.
Adjustments (dates)
10-25-37
10-25-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

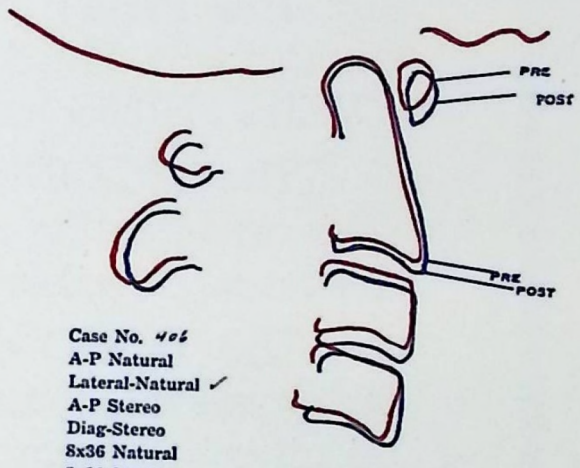
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-23-37 Case No. 406
and 10-25-37

Major:

Adjs. given:
(Dates)
10-25-37
10-25-37



Case No. 406
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis allen. HSL
L. transv. ant.
Adjustments (dates)
10-25-37
10-25-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

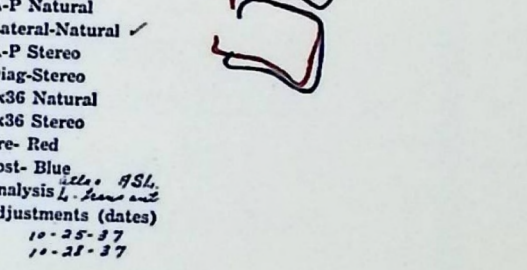
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

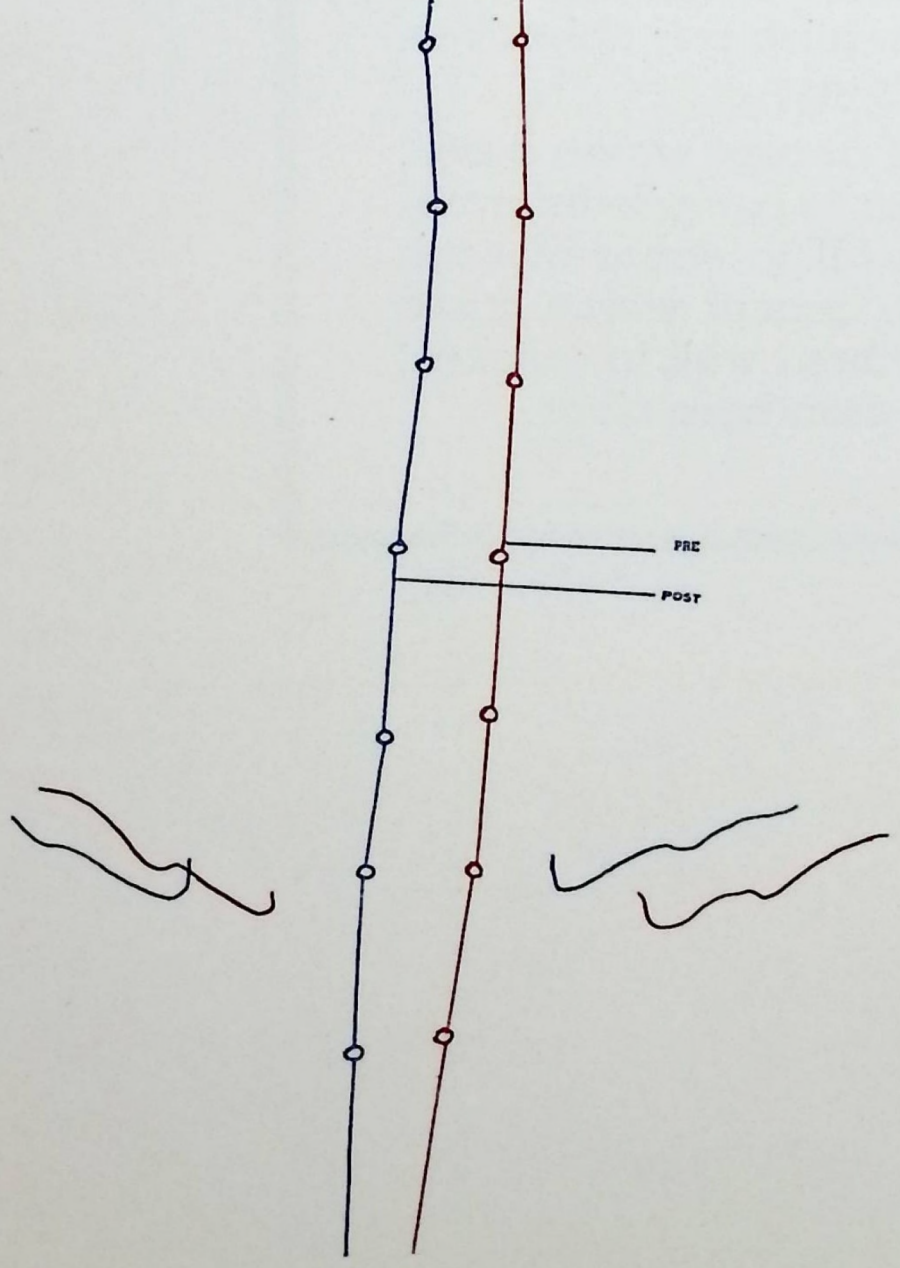
Comparative graph between Diag. Stereo-R film taken 10-23-37 Case No. 406.
and 10-25-37.

Major:

Adjs. given:
(Dates)
10-25-37.
10-25-37



Case No. 406
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis allen. HSL
L. transv. ant.
Adjustments (dates)
10-25-37
10-25-37



CASE No. 407

Female Single Age 63

10/23/37

ENTRANCE COMPLAINTS:

1. Aching in right shoulder and pain on using extending to right hand.
2. Left thumb, disturbs on motion.

PRESENT ILLNESS:

Began left thumb, spring 1937. Right shoulder, occurred about September 30, 1937. Gradually getting worse. Pain on motion.

Appetite, good. Bowels, one to two daily. Bladder, nocturia, two. Sleep, fairly well.

Date case entered Clinic: 10/23/37

Date case left Clinic: 11/9/37

Interval, time lapse — 17 days

Analysis: Atlas ASL — left transverse posterior

Adjustments: 1

Dates: 10/26/37

The FIRST consideration of EVERY person connected with The B. J. Palmer Chiropractic Clinic, is to do EVERYTHING just EXACTLY right.

The SECOND consideration is to equip, install, possess and use the most accurate, efficient and competent methods possible.

The THIRD consideration is to have every device automatically and mechanically record its findings, eliminating human errors to that extent.

The FOURTH consideration is to eliminate every variable and establish the constant.

The FIFTH consideration is: where equipment is not made and does not exist, to accomplish our objectives, to build it ourselves to do those things.

The SIXTH consideration is to accept worse cases, to solve problems of their sicknesses, to compile information of practical nature, focusing all to value of each case, making it possible for us to accept worse cases with greater assurance of getting them well in quickest possible time at less cost to them, than heretofore.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

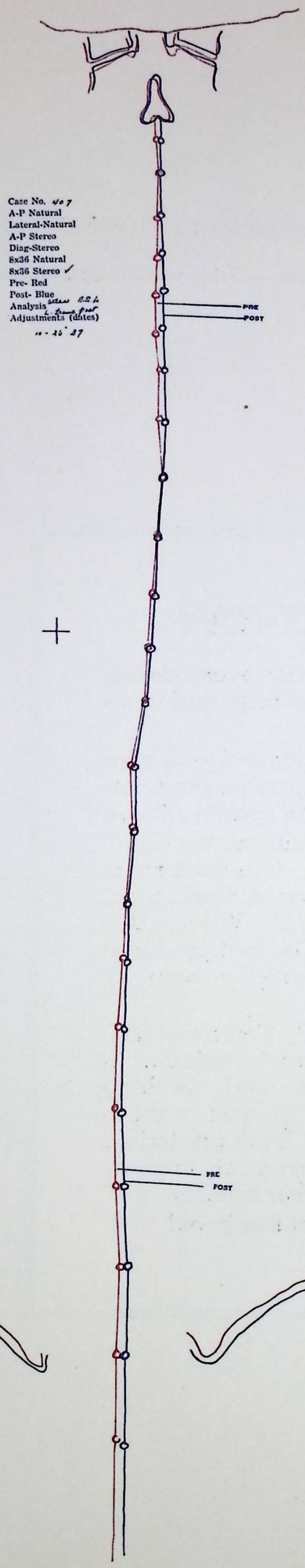
PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st visit
Blue, 2nd visit

Comparative graph between 8x36 film spinographs taken 10-23-37 Case No. 407
and 11-3-37

Major:

Adjs. given
(Dates)
10-26-37



Case No. 407
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas A.S.L.
L. trans post
Adjustments (dates)
10-26-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

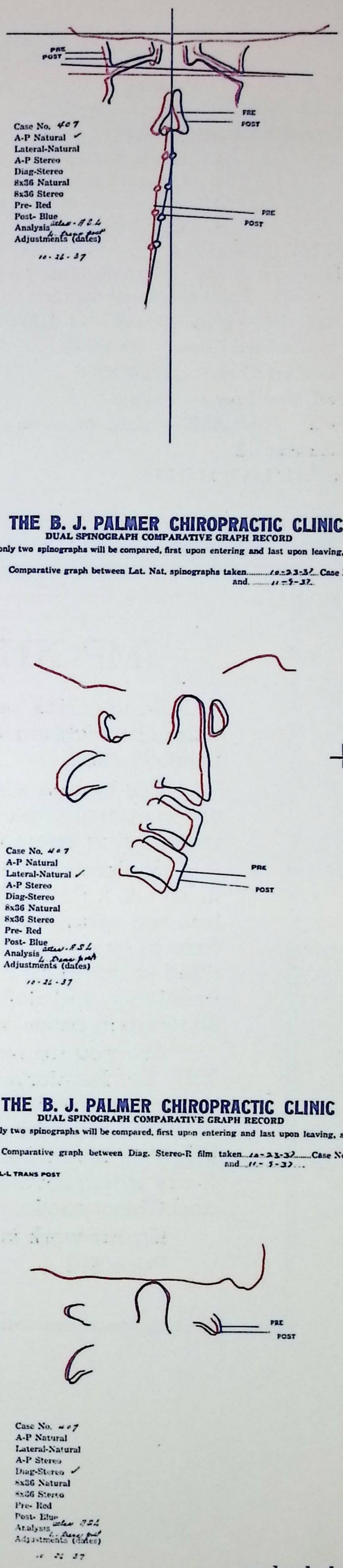
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 10-23-37 Case No. 407
and 11-5-37

Major:

Adjs. given:
(Dates)
10-26-37



Case No. 407
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas - A.S.L.
L. trans post
Adjustments (dates)
10-26-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 10-23-37 Case No. 407
and 11-5-37

Major:

Adjs. given:
(Dates)
10-26-37

Case No. 407
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas - A.S.L.
L. trans post
Adjustments (dates)
10-26-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 10-23-37 Case No. 407
and 11-5-37

Major: ATLAS ASL-L TRANS POST

Adjs. given:
(Dates)
10-26-37

Case No. 407
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASL
L. trans post
Adjustments (dates)
10-26-37

CASE No. 410

Male Married Age 57

10/29/37

ENTRANCE COMPLAINTS:

1. Headache—General; always present for past 3 years.
2. General weakening and tires more easily.
3. Function of memory affected.
4. Cold hands and feet.

PRESENT ILLNESS:

Headache all life. Weakening past 7-8 years. Gradual mental letdown functionally with circulatory letdown. Right side worse than left.

Appetite — good. Bowels — 1 daily. Bladder — Negative. Sleep — Fairly well except with headache.

Date case entered Clinic: 10/29/37

Date case left Clinic: 11/26/37

Interval, time lapse — 28 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 2

Dates: 11/1/37; 11/12/37

IMPORTANCE OF X-RAY

Getting sick people well begins with every detail, each of which must be accurately, efficiently and competently done.

This begins with equipment, is continued with care of the operator, calls for comparative graphs, precision in exposing spinographs, correctness of reading them.

No detail is too small to be done "just exactly right" in The B. J. Palmer Chiropractic Clinic. Our dark-room has two refrigerator units to keep developer, wash, bath, fixer at even temperature the year round. We use distilled water in all tubs. Expensive? Yes, but produces positively and definitely best results which eventually show up in cases getting well.

Are you up on how to do all this? You need Vol. XXI, Dr. Remier's new book on X-ray technique. It covers entire field, from beginning to end. Nothing omitted, everything included. What do you want to know? "It's in the book!" The ONLY book printed on X-ray which covers ENTIRE field of X-ray work; medical and Chiropractic. Used as a text in other schools.

If your work is not up to par — get this book!

Price $10.

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

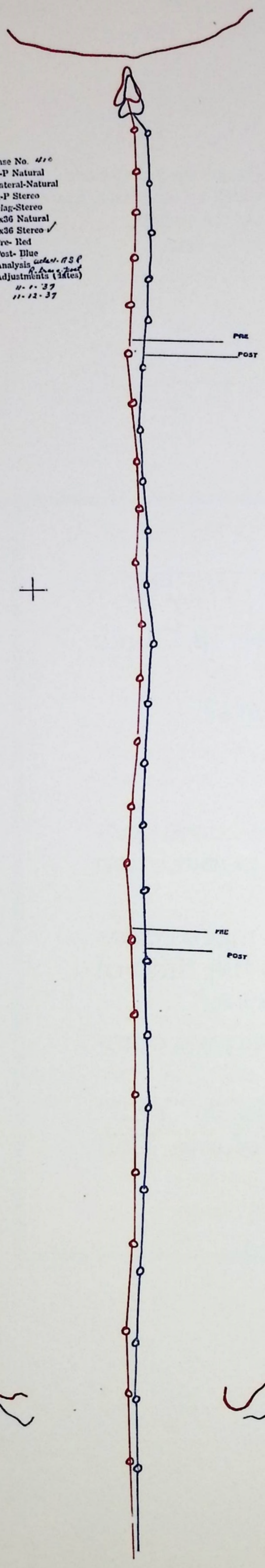
Red, 1st 8x36, White Tint 8x36

Comparative graph between 8x36 film spinographs taken 10-29-37 Case No. 410
and 11-26-37

Major

Adjs. given (Dates)

11-1-37
11-12-37



Case No. 410
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. trans. post
Adjustments (dates)
11-1-37
11-12-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

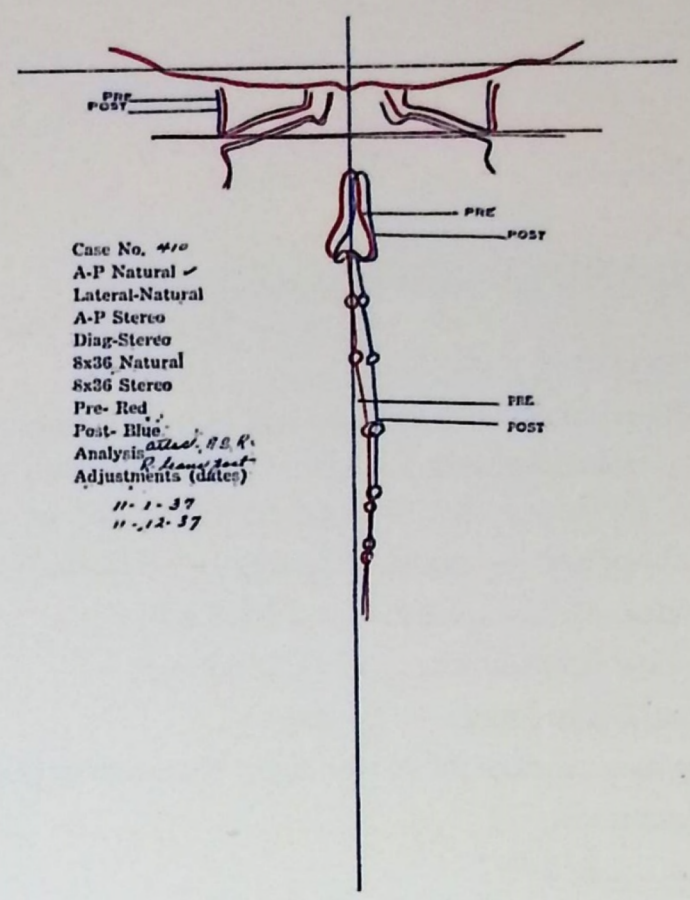
Comparative graph between A-P Nat. spinographs taken 10-29-37 Case No. 410
and 11-26-37.

Red, entering date
Blue, leaving date

Major: ATLAS ASR-R TRANS POST

Adjs. given:
(Dates)

11-1-37
11-12-37



Case No. 410
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. trans. post
Adjustments (dates)
11-1-37
11-12-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

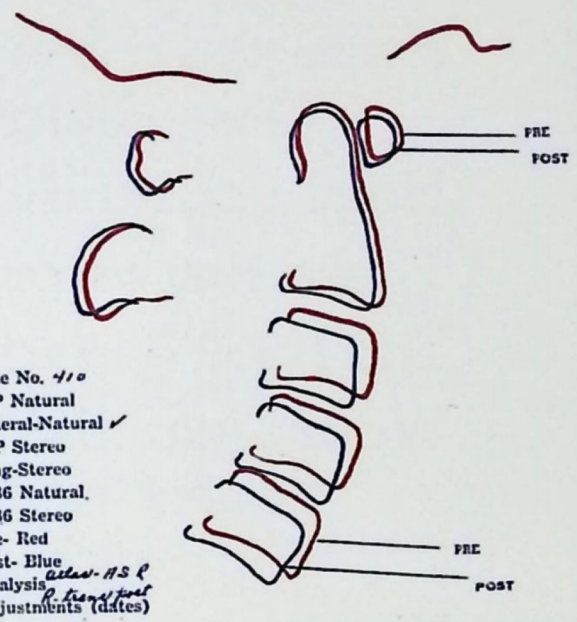
Comparative graph between Lat. Nat. spinographs taken 10-29-37 Case No. 410
and 11-26-37.

Red, entering date
Blue, leaving date

Major:

Adjs. given:
(Dates)

11-1-37
11-12-37



Case No. 410
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. trans. post
Adjustments (dates)
11-1-37
11-12-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

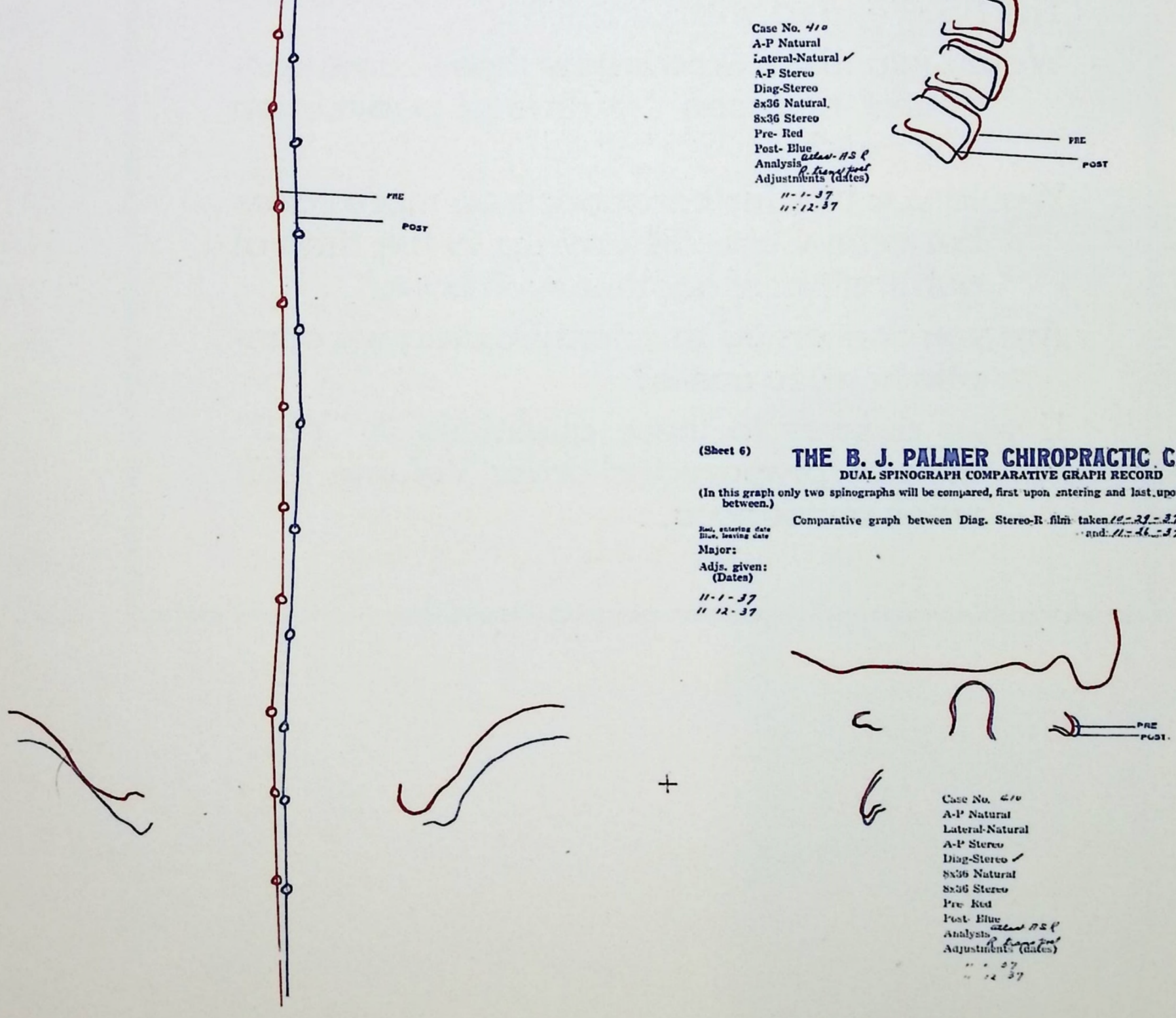
Comparative graph between Diag. Stereo-R film taken 10-29-37 Case No. 410
and 11-26-37

Red, entering date
Blue, leaving date

Major:

Adjs. given:
(Dates)

11-1-37
11-12-37



Case No. 410
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R. trans. post
Adjustments (dates)
11-1-37
11-12-37

CASE No. 422

Female Married Age 35

12/1/37

ENTRANCE COMPLAINT:

1. Eyes — Gradually losing sight of both eyes.

PRESENT ILLNESS:

Began fall of 1931 — left eyesight began to fail and has been gradually getting worse since. Right eye involved about October 15, 1937, and gradually getting worse. Headaches (occipital), and eyes get tired. Severe pain attended involvement of the left eye in beginning, behind the eyeball.

Appetite — good. Bowels — 1-2 daily. Bladder — Negative. Sleep — Fine.

Date case entered Clinic: 12/1/37

Date case left Clinic: 12/15/37

Interval, time lapse — 14 days

Analysis: Atlas ASR — right transverse posterior

Adjustments: 1

Dates: 12/2/37

QUESTIONS AND ANSWERS

Have you a copy of Supplement No. 10, Clinic Case Histories and Reports?

Have you studied these case reports?

These are exclusive HIO cases.

The book ended with Case 284.

Would you like to know how those cases continued, between the date of publication and now?

Would you like further reports on more cases between Case 284 and up to the time of publication of another such book?

Are you concerned in scientific data we compile here, re cases?

If your answer to these questions is "YES" then be prepared to order Volume XXII when announced.

(Sheet 3)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Comparative graph between 8x36 film spinographs taken 12-1-37 Case No. 422
and 12-15-37

Red, entering date
Blue, leaving date

Major
Adjs. given
(Dates)
12-2-37

Case No 422
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural ✓
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-A.S.R.
R Transv. post
Adjustments (dates)
12-2-37

PRE
POST

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat spinographs taken 12-1-37 Case No. 422
and 12-15-37

Major ATLAS ASR-R TRANS POST
Adjs. given
(Dates)
12-2-37

Case No. 422
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas ASR
R-Transv post
Adjustments (dates)
12-2-37

PRE
POST

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 12-1-37 Case No. 422
and 12-15-37

Major:
Adjs. given:
(Dates)
12-2-37

Case No. 422
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R transv post
Adjustments (dates)
12-2-37

PRE
POST

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 12-1-37 Case No. 422
and 12-15-37

Major:
Adjs. given.
(Dates)
12-2-37

Case No. 422
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis Atlas-ASR
R Transv post
Adjustments (dates)
12-2-37

PRE
POST

CASE No. 424

Male Child Age 4

12/8/37

ENTRANCE COMPLAINTS:

1. Running ears.
2. Swollen glands in neck.
3. Intermittent fever.
4. Lost weight.

PRESENT ILLNESS:

First week in September, 1937 had a fever during night (one) only. October 8th, had fever in night. OK next day. October 20th, had earache, and right ear began to drain pus within twelve hours. Both ears ached. Right ear drained a few days and then stopped. November 13th, temperature at midnight. Gland swollen under the left ear, and November 14th, had right earache and drained. November 17th, left ear began to drain and both have drained continuously since. Glands in neck are sore to touch. Had fever night of December 4, 1937.

Appetite, good. Bowels, one to two daily. Bladder, negative. Sleep, restless.

Date case entered Clinic: 12/8/37

Date case left Clinic: 12/23/37

Interval, time lapse — 15 days

Analysis: Atlas ASR — right transverse anterior

Adjustments: 1

Dates: 12/9/37

— HIO —

WHAT IS ITS SIGNIFICANCE?

There must be a reason why The Developer of Chiropractic, developed and advocates this method, by preference.

What are those reasons? Are they sound and subject to verification?

Which is better; the all-spinal method, meric system, majors and minors, or HIO — all being developments of the Developer of Chiropractic?

Does HIO get quicker results, on worse cases? Does its competent use step up the percentage results?

Is there a book which explains HIO fundamentals?

Vol. XVIII does that: THE SUBLUXATION SPECIFIC: THE ADJUSTMENT SPECIFIC.

Price $10.

(Sheet 7)

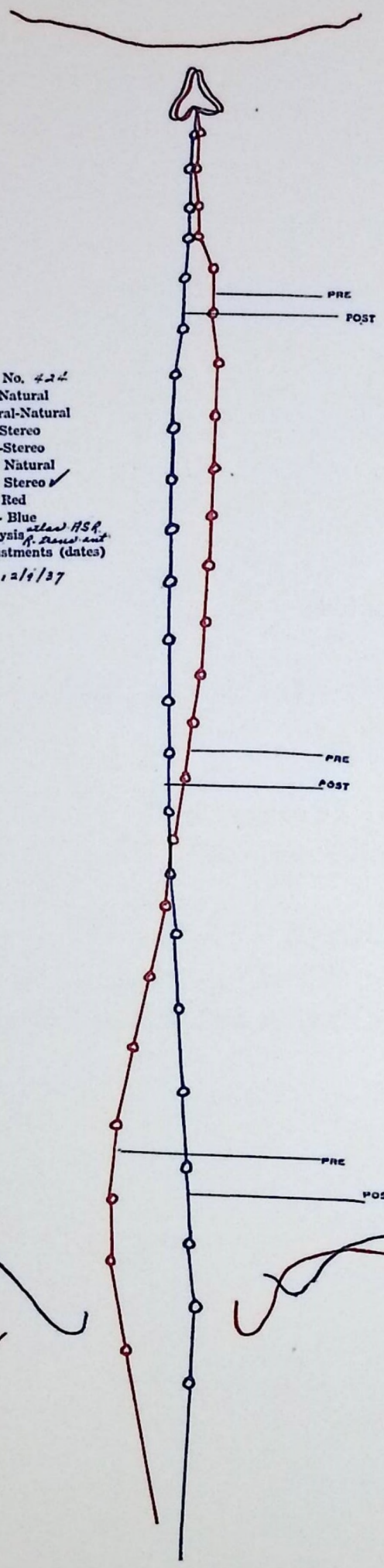
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 12-8-37 Case No. 424
FX36 STEREO-R. and 12-22-37

Major:
Adjs. given:
(Dates)
12-7-37



Case No. 424
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant.
Adjustments (dates)
12/9/37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

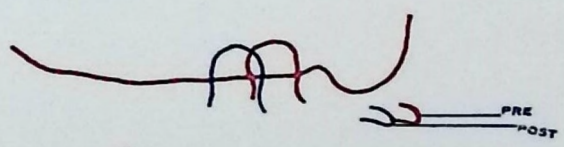
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 12-8-37 Case No. 424
and 12-22-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
12-9-37



Case No. 424
A-P Natural
Lateral-Natural.
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant
Adjustments (dates)
12/9/37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

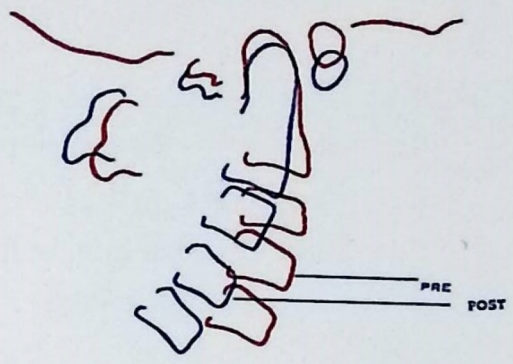
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 12-7-37 Case No. 424
and 12-22-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
12-7-37



Case No. 424
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant
Adjustments (dates)
12/9/37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

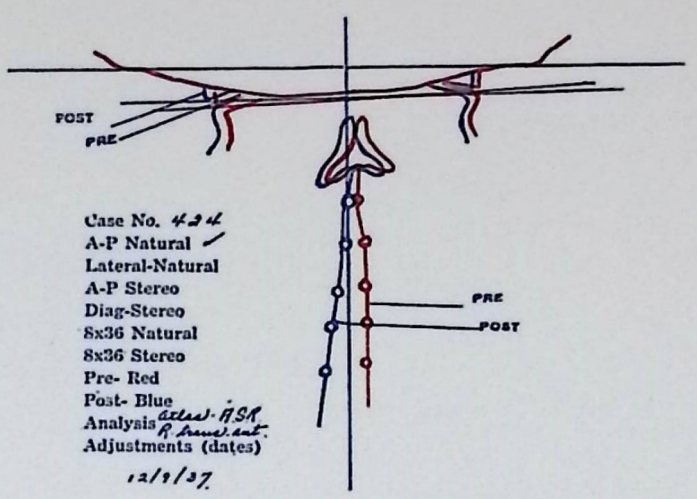
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 12-8-37 Case No. 424
and 12-22-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
12-7-37



Case No. 424
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas ASR R. trans. ant.
Adjustments (dates)
12/9/37

CASE No. 427

Female Married Age 49

12/30/37

ENTRANCE COMPLAINTS:

1. Hands — Both joints pain, when still and on motion.
2. Pain over gall bladder area, extending to back.
3. Feet — Arches and right great toe pain in metatarsal phalangial joint.
4. Deaf in right ear.

PRESENT ILLNESS:

Hands bothered off and on for 13 years. Worse progressively in past two years.
Feet — Trouble past ten years. Feet improved, under local Chiropractor.
Gall bladder improved, under Dr. ————, Local Chiropractor.
Deafness in right ear past 15 years. Improved under local Chiropractor.
Appetite — good. No alcohol. No tobacco. Bowels — 2 daily. Bladder — Nocturia — 1 or 2 past six or seven years. Improved under local Chiropractor. Sleep — Restless and dreams. Cries out in sleep.

Date case entered Clinic: 12/30/37
Date case left Clinic: 1/14/38
Interval, time lapse — 15 days
Analysis: Atlas ASL — right transverse posterior
Adjustments: 1
Dates: 12/31/37

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

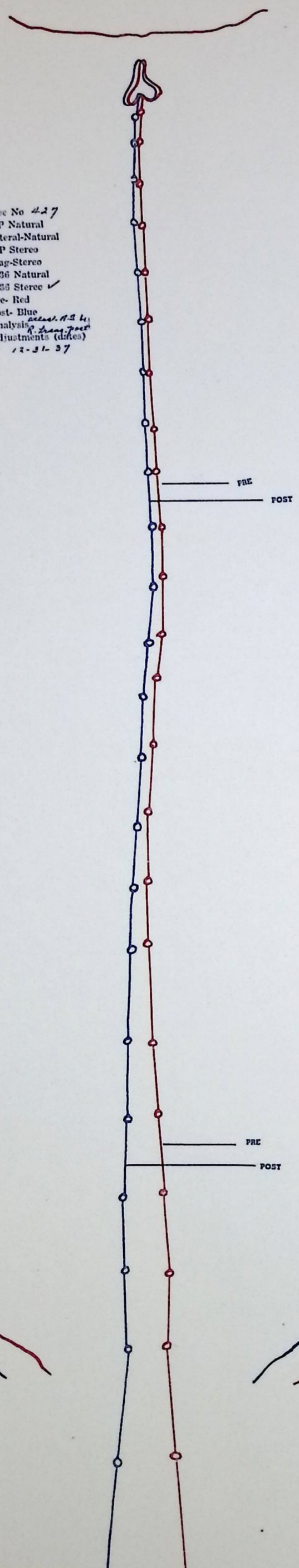
Red, 1st Path
Blue, 2nd Path

Comparative graph between 8x36 film spinographs taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas - A S L - R Trans Post

Adjs. given (Dates)

12-31-37



Case No 427
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis actual A S L
R. Trans. Post
Adjustments (dates)
12-31-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

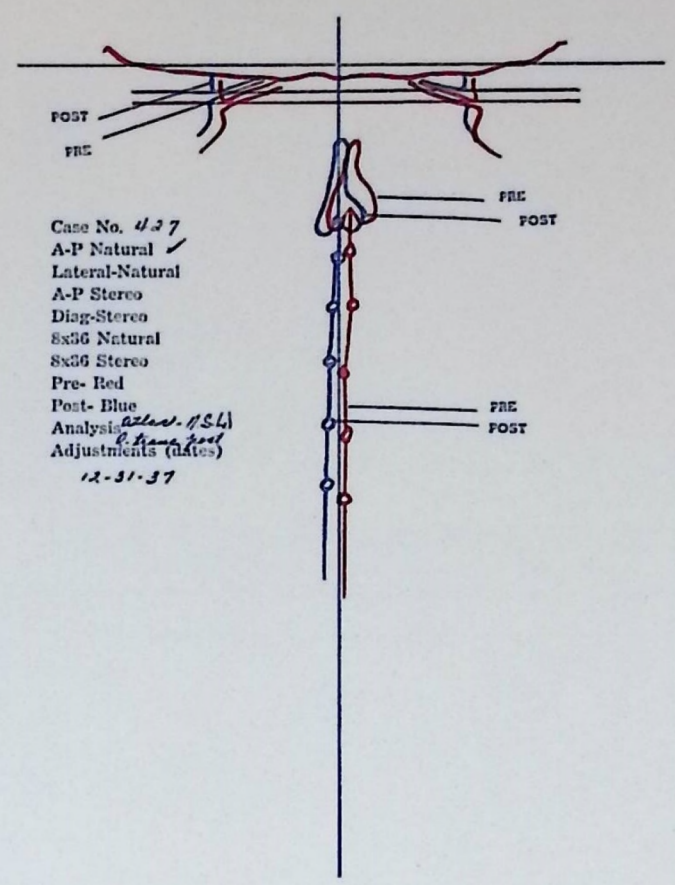
Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas ASL - R-Trans Post

Adjs. given: (Dates)

12-31-37



Case No. 427
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis actual A S L
R. Trans. Post
Adjustments (dates)
12-31-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

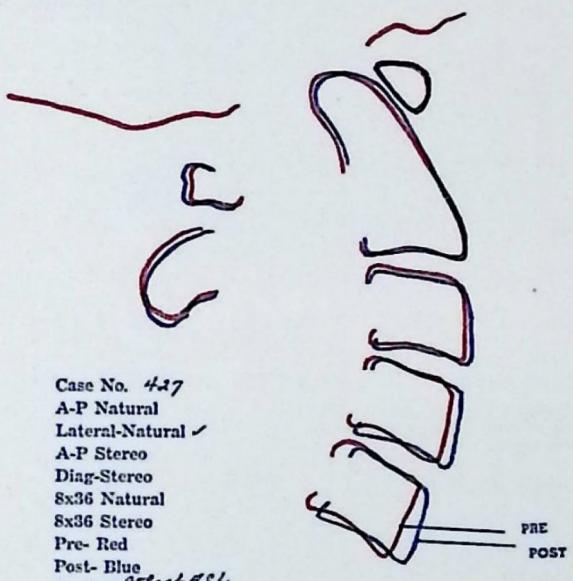
Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas A S L - R. Trans. Post

Adjs. given: (Dates)

12-31-37



Case No. 427
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis actual A S L
R. Trans. Post
Adjustments (dates)
12-31-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

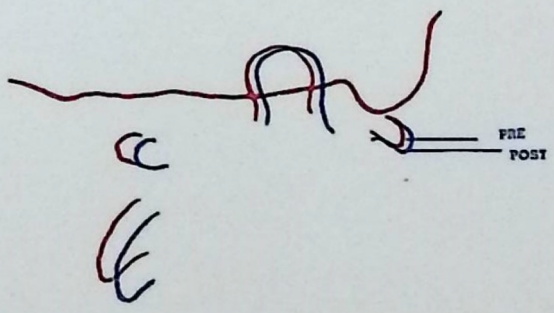
Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas A S L - R-Trans-Post

Adjs. given: (Dates)

12-31-37



Case No. 427
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis actual A S L
R. Trans. Post
Adjustments (dates)
12-31-37

(Sheet 7)

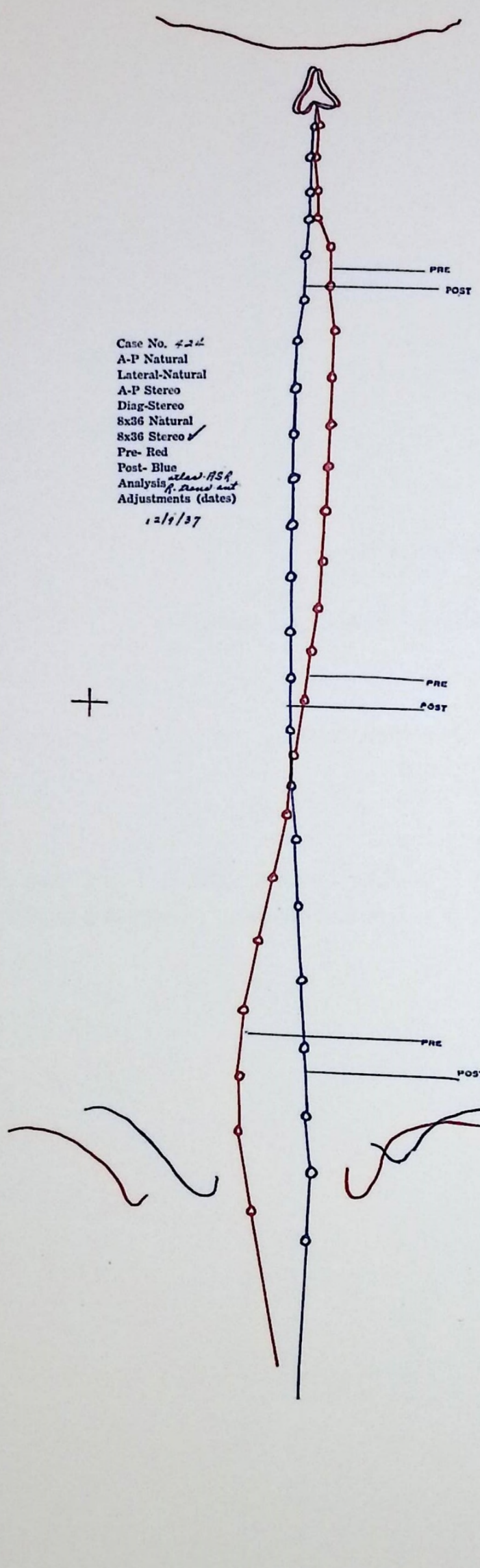
THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 12-8-37 Case No. 424
8X36 STEREO-R. and 12-22-37

Major:
Adjs. given:
(Dates)
12-9-37



Case No. 424
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans ant
Adjustments (dates)
12/9/37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

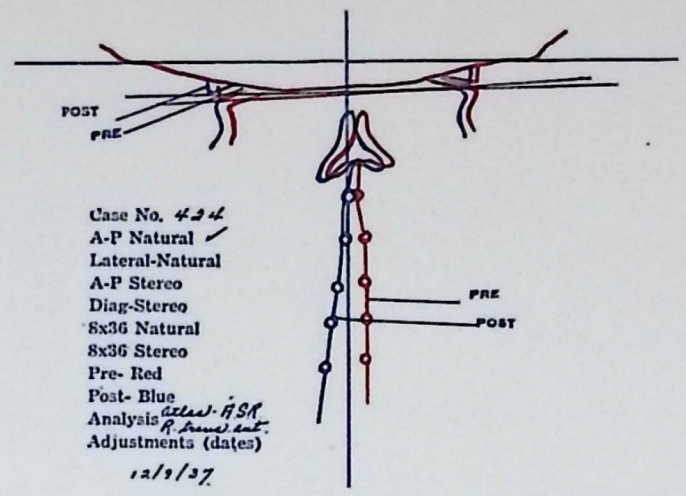
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 12-8-37 Case No. 424
and 12-22-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
12-9-37



Case No. 424
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans ant
Adjustments (dates)
12/9/37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

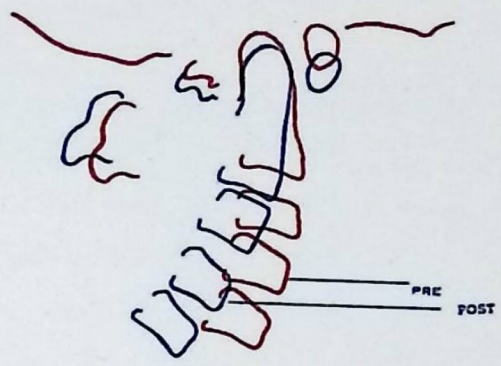
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 12-9-37 Case No. 424
and 12-22-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
12-9-37



Case No. 424
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans ant
Adjustments (dates)
12/9/37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

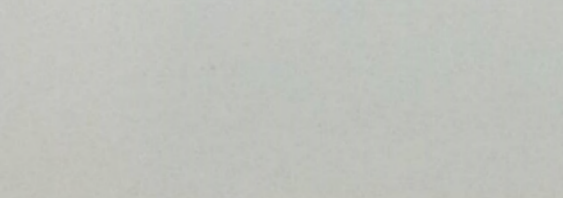
(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 12-8-37 Case No. 424
and 12-22-37

Major: ATLAS ASR-R TRANS ANT

Adjs. given:
(Dates)
12-9-37



Case No. 424
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas-ASR R. trans ant
Adjustments (dates)
12/9/37

CASE No. 427

Female Married Age 49

12/30/37

ENTRANCE COMPLAINTS:

1. Hands — Both joints pain, when still and on motion.
2. Pain over gall bladder area, extending to back.
3. Feet — Arches and right great toe pain in metatarsal phalangial joint.
4. Deaf in right ear.

PRESENT ILLNESS:

Hands bothered off and on for 13 years. Worse progressively in past two years.
Feet — Trouble past ten years. Feet improved, under local Chiropractor.
Gall bladder improved, under Dr. ————, Local Chiropractor.
Deafness in right ear past 15 years. Improved under local Chiropractor.
Appetite — good. No alcohol. No tobacco. Bowels — 2 daily. Bladder — Nocturia — 1 or 2 past six or seven years. Improved under local Chiropractor. Sleep — Restless and dreams. Cries out in sleep.

Date case entered Clinic: 12/30/37
Date case left Clinic: 1/14/38
Interval, time lapse — 15 days
Analysis: Atlas ASL — right transverse posterior
Adjustments: 1
Dates: 12/31/37

(Sheet 7)

THE B. J. PALMER CHIROPRACTIC CLINIC

PRELIMINARY AND FINAL DUAL 8x36 COMPARATIVE GRAPH RECORD

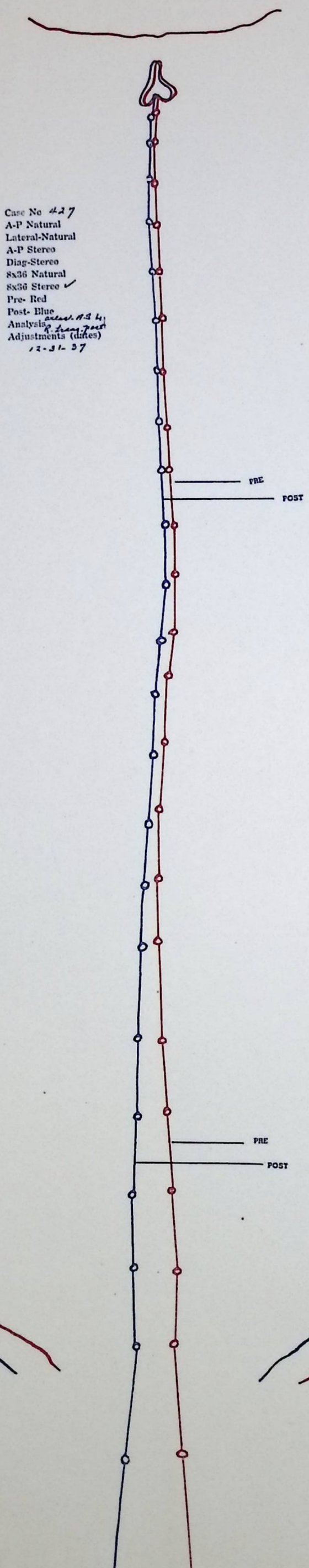
Red, 1st 8x36
Blue, 2nd 8x36

Comparative graph between 8x36 film spinographs taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas - A S L - R Trans Post

Adjs. given (Dates)

12-31-37



Case No 427
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo ✓
Pre- Red
Post- Blue
Analysis atlas. A S L
R. trans Post
Adjustments (dates)
12-31-37

(Sheet 4)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

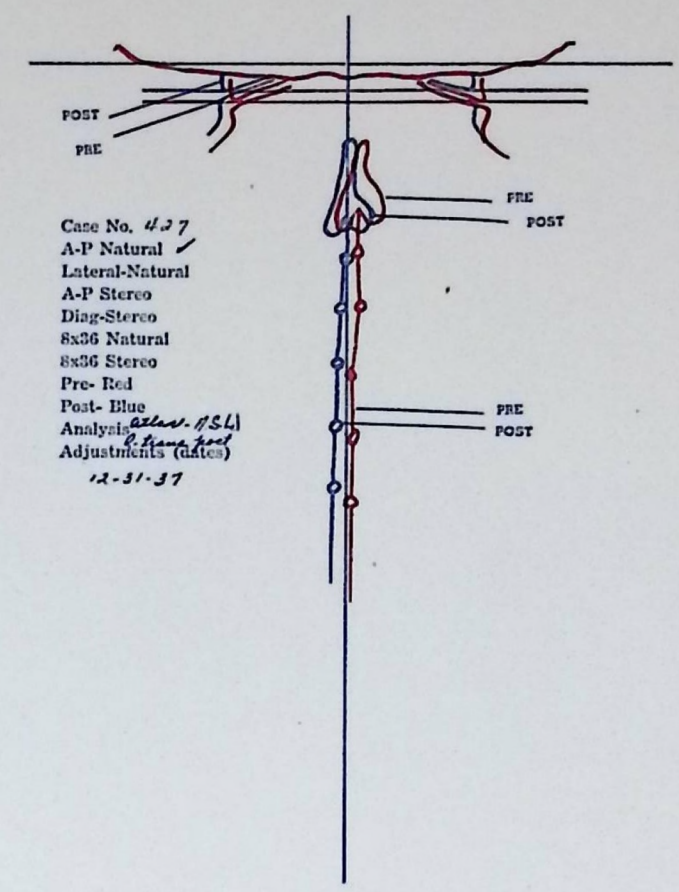
Red, entering date
Blue, leaving date

Comparative graph between A-P Nat. spinographs taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas ASL-R-Trans Post

Adjs. given: (Dates)

12-31-37



Case No. 427
A-P Natural ✓
Lateral-Natural
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas. A S L
R. trans Post
Adjustments (dates)
12-31-37

(Sheet 5)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

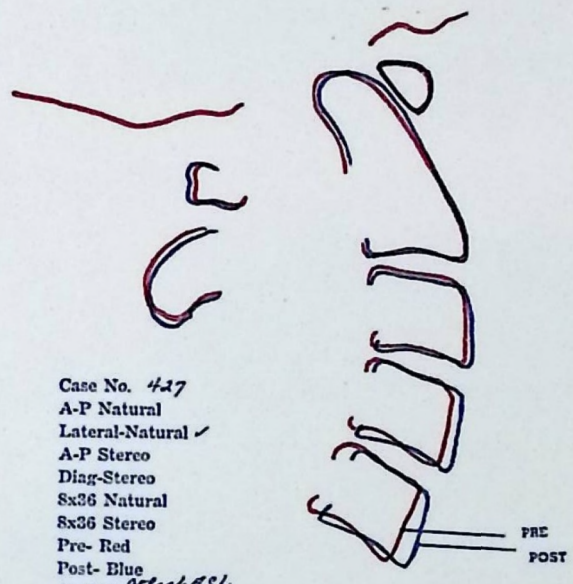
Red, entering date
Blue, leaving date

Comparative graph between Lat. Nat. spinographs taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas ASL-R-Trans. Post

Adjs. given: (Dates)

12-31-37



Case No. 427
A-P Natural
Lateral-Natural ✓
A-P Stereo
Diag-Stereo
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas. A S L
R. trans Post
Adjustments (dates)
12-31-37

(Sheet 6)

THE B. J. PALMER CHIROPRACTIC CLINIC

DUAL SPINOGRAPH COMPARATIVE GRAPH RECORD

(In this graph only two spinographs will be compared, first upon entering and last upon leaving, skipping any between.)

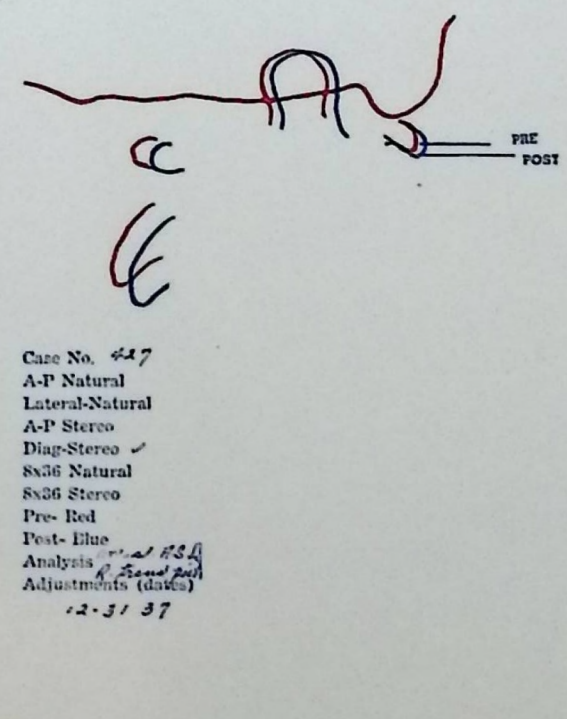
Red, entering date
Blue, leaving date

Comparative graph between Diag. Stereo-R film taken 12-30-37 Case No. 427
and 1-14-38

Major: atlas ASL-R-Trans-Post

Adjs. given: (Dates)

12-31-37



Case No. 427
A-P Natural
Lateral-Natural
A-P Stereo
Diag-Stereo ✓
8x36 Natural
8x36 Stereo
Pre- Red
Post- Blue
Analysis atlas. A S L
R. trans Post
Adjustments (dates)
12-31-37